

Medco Special Care Pharmacy Prescription Referral Form



Phone: 1 800 987-4904

Fax: 1 800 391-9707

Form No: 34450

PATIENT INFORMATION	
Patient's Name: (Last, First) _____	Date of Birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home Phone: () _____	Work Phone: () _____ Alternate Phone: () _____
Street Address: _____	City/State/Zip: _____
Alternate Contact: _____	Relationship: _____ Phone: () _____

INSURANCE INFORMATION	
Primary Insurance Carrier: _____	Secondary Insurance Carrier: _____
Member Name: _____	Member Name: _____
Member ID No.: _____	Member ID No.: _____
Street Address: _____	Street Address: _____
City/State/Zip: _____	City/State/Zip: _____
Group No.: _____	Group No.: _____
Phone: () _____	Phone: () _____

DIAGNOSIS AND CLINICAL INFORMATION	
Diagnosis/ICD-9: _____	Date: _____ Patient Weight: _____ kg/lbs.
Comorbidities: _____	Allergies: _____

PRESCRIBER INFORMATION	PRESCRIPTION
Date: _____ UPIN No./DEA: _____	Drug/Strength:
Prescriber's Name: _____	Directions:
Specialty: _____	Qty: _____ Refill: _____
Street Address: _____	Drug/Strength:
City/State/Zip: _____	Directions:
Phone: () _____ Secure Fax No.: () _____	Qty: _____ Refill: _____
E-mail: _____	Drug/Strength:
Office Contact: _____	Directions:
----- Substitution Permissible – Prescriber Signature (We cannot accept signature stamps.)	Qty: _____ Refill: _____
----- Dispense as Written – Prescriber Signature (We cannot accept signature stamps.)	Drug/Strength:
	Directions:
	Qty: _____ Refill: _____

DELIVERY INSTRUCTIONS
Date Medication Needed: _____ Ship drug to: <input type="checkbox"/> Prescriber's Office <input type="checkbox"/> Patient's Home <input type="checkbox"/> Other: _____

- We do not accept Schedule II prescriptions via fax.
- No other medication may be written on this form when prescribing a controlled substance.
- Fax forms will only be accepted if faxed directly from a prescriber's office. We cannot accept prescriptions faxed by patients.

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Thank you for choosing the Medco Special Care Pharmacy!