

YOUR PATIENT WOULD LIKE TO RECEIVE THEIR PRESCRIPTION MEDICATION FROM MEDCO.

34202



► **Please complete ALL information below.** Incomplete forms cannot be processed. Please print clearly.

STEP 1 ► Prescriber Information

Questions? Call 1.888.EASYRX1

Note to Prescriber	
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Prescriber Name _____

DEA _____
Required for CIII-CV medications

Secure fax number _____

NPI ► _____

STEP 2 ► Member Information

Member No.

6	0	0	0	3	5	3	6	6
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(Include all characters. Leave box blank for spaces)

Member Name(card holder): _____

STEP 3 ► Patient Information

Patient Name	
DOB	Tel
Ship to address	

Allergies

- ☐ None ☐ Sulfa ☐ Penicillin
☐ Aspirin ☐ Codeine ☐ Iodine

Other _____

Medical Conditions

- ☐ Heart Failure ☐ Hypertension
☐ Heart Attack/Angina ☐ Asthma
☐ Glaucoma ☐ Ulcer

Other _____

STEP 5 ► Return Fax

NO COVER SHEET REQUIRED

**Fax this page ONLY to
1 800 837-0959**

- Medco cannot accept CII prescriptions via fax
 ► Fax forms will only be accepted when sent from a prescriber's office
 ► The printed fax confirmation is proof of receipt
Most patients can receive a 90-day supply plus refills up to 1 year where appropriate.

STEP 4 ► Prescription Information

Please complete or attach prescription below

Prescriber Name
Address
City, State, Zip
Telephone

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Patient Name _____

DOB _____ Issue Date _____



Refills _____

Substitution Permissible _____ Prescriber Signature _____

Dispense as Written _____ Prescriber Signature _____

(We cannot accept Signature Stamps)

