

Patient Information		PATIENT DEMOGRAPHIC IS ATTACHED					
Last Name		First Name		Home Phone		Work/Mobile Phone	
Home Address				City		State	ZIP
Temporary Address or Shipping Address (if different from above)				City		State	ZIP
Social Security Number		Date of Birth	Gender (M/F)	Weight	Height	Diagnosis	
Special Instructions (allergies, language preference, etc.)							
Primary Caregiver/Phone				Emergency Contact/Phone			

Healthcare Provider Information: *Indicates Required Field								
Practice/Facility Name			Physician First and Last Name*			Phone*	Fax	
Address*					City*		State*	ZIP*
Physician NPI#*		Physician UPIN#		Physician DEA#		Physician State License #		
Nurse/Key Contact				Phone or Pager Number		Email		

Insurance Information						
Primary Insurance		Phone	Name/SSN of Insured		ID Number	Group Number
Secondary Insurance		Phone	Name/SSN of Insured		ID Number	Group Number
Other Insurance/Prescription Drug Vendor (Rx Bin #)						

Additional Information			
Today's Date	Date Meds Needed	May we contact this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Information/Instructions

Medication	Dose/Strength	Sig	Quantity	Refills
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

INSURANCE CARD FRONT AND BACK	PATIENT DEMOGRAPHIC ATTACHED
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In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution: _____

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution:

PRODUCT SUBSTITUTION PERMITTED/Brand exchange permitted (date) _____ DISPENSE AS WRITTEN/Do Not Substitute (date) _____

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately at the address and telephone number set forth herein and obtain instructions as to proper destruction of the transmitted material. Thank you.