

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

34202



Please complete ALL information below.

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.

9	6	0	5	6	0	9	9	6
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(Include all characters. Leave box blank for spaces)

Member Name(card holder): _____

STEP 3 Patient Information

STEP 4 Prescription Information

Please complete or attach prescription below

Patient Name	
DOB	Tel
Ship to address	

Prescriber Name
Address
City, State, Zip
Telephone

Allergies
 None Sulfa Penicillin
 Aspirin Codeine Iodine
 Other _____

Patient Name _____
 DOB _____ Issue Date _____

Medical Conditions
 Heart Failure Hypertension
 Heart Attack/Angina Asthma
 Glaucoma Ulcer
 Other _____



STEP 5 Return Fax

Refills _____

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 (as appropriate).**

Substitution Permissible _____ Prescriber Signature _____

Dispense as Written _____ Prescriber Signature _____

(We cannot accept Signature Stamps)



This page was last updated on 12/06/2010.
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