medco® Pharmacy

New Prescription

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

STEP 1 Prescriber Information		Questions? Call 1.888.EASYRX
Note to Prescriber		
rescriber Name	DE	A Required for CIII-CV medications
ecure fax number	NPI	· •
STEP 2 Member Information		
lember No. 80106572	2 4	
(Include all characters.Leave box blank for s	paces)	
ember Name(card holder):		
STEP 3 Patient Information	• • • •	iption Information plete or attach prescription below
atient Name	Prescriber Name	
DB Tel	Address	
hip to address	City, State, Zip Telephone	
I lergies] None 🗋 Sulfa 🔲 Penicillin		
I Aspirin 🗅 Codeine 🖵 Iodine	1	
ther	DOB	Issue Date
Heart Failure D Hypertension	¦ R _x	
I Heart Attack/Angina 🖵 Asthma I Glaucoma 🛛 Ulcer		
ther		
STEP 5 Return Fax		
NO COVER SHEET REQUIRED	Refills	
Fax this page ONLY to	· 	
1 800 837-0959	Substitution Permissible	Prescriber Signature
Medco cannot accept CII prescriptions via fax. Fax forms wil only be accepted when sent from a	I I	Prescriber Signature
rescriber's office. The printed fax confirmation is proof of receipt.	Dispense as Written	
ost patients can receive a 90-day supply plus refills p to 1 year (as appropriate).	(We cannot accept Signature Stamps)	



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