

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

Prescriber Name _____

DEA _____

Required for CIII-CV medications

Secure fax number _____

NPI ▶ _____

STEP 2

Member Information

Member No.

8 0 1 0 6 5 7 2 4

(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 (as appropriate).

STEP 4

Prescription Information

Please complete or attach prescription below

Prescriber Name
Address
City, State, Zip
Telephone

Patient Name _____

DOB _____ Issue Date _____

R_x

Refills _____

Substitution Permissible _____

Prescriber Signature _____

Dispense as Written _____

Prescriber Signature _____

(We cannot accept Signature Stamps)



