NEW PRESCRIPTION | FAX FORM

34191

EXPRESS SCRIPTS®

The **Medco Pharmacy®** is now a part of the Express Scripts family of pharmacies.

write for 90 days

Cardholder ID #: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

(Include all characters. Leave box blank for spaces.)

Cardholder name: _____

STEP 1 Complete all information below.
Prescriber Information

Prescriber Name: _____

Fax#: _____

NPI #: |_|_|_|_|_|_|_|_|_|_|
(NPI required for all prescriptions)

DEA #: |_|_|_|_|_|_|_|_|_|
(DEA required for CIII-CV prescriptions)

Telephone #: |_|_|_| - |_|_|_| - |_|_|_|_|

Not for CII prescriptions

STEP 2 Fill in or attach prescription below

Prescriber Name
Address
City, State, Zip

Rx

Write or stamp here
(Fill out one form for each Rx)

Patient Name: _____

Drug: _____

Strength: _____

Quantity: _____

Directions: _____

_____

Refills: _____ (up to 3 refills)

X _____

Date: __/__/__

(Stamps are not accepted. Signature required.)
In order for a brand name product to be dispensed, the prescriber must handwrite "brand necessary" or "brand medically necessary" in the space below.

_____

When applicable PRINT Supervising Physician name here ↑

Patient Information

Date of birth: _____

Telephone #: _____

Ship to address: _____

_____

_____

STEP 3
Indicate number of medications on this page.

Have questions?
Call 1 888 327-9791.

For reporting allergies or
medical conditions, press option 5
(Monday-Friday 9:00 am - 8:00 pm Eastern.)

STEP 4
Sign this prescription and fax to:

1 800 837-0959

- ♦ Fax from the prescriber's secure fax line.
- ♦ Do not fax with a cover sheet.
- ♦ Incomplete forms will cause a delay in processing.