medco® Pharmacy

YOUR PATIENT WOULD LIKE TO RECEIVE THEIR PRESCRIPTION MEDICATION FROM MEDCO. 34202 Please complete ALL information below. Incomplete forms cannot be processed. Please print clearly. Prescriber Information Questions? Call 1.888.EASYRX1 STEP 1 Note to Prescriber **Prescriber Name** DFA Required for CIII-CV medications Secure fax number NPI 🕨 STEP 2 Member Information 8 2 6 5 1 5 6 Member No. 0 3 4 1 (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 Prescriber Name Tel DOB Address City, State, Zip Ship to address Telephone Allergies None Sulfa Penicillin Patient Name _ Codeine ם lodine Aspirin DOB Issue Date Other _ **Medical Conditions** Heart Failure Hypertension Asthma Heart Attack/Angina Glaucoma Ulcer Other Return Fax STEP 5 Refills _ NO COVER SHEET REQUIRED Fax this page ONLY to **Prescriber Signature** 1 800 837-0959 Substitution Permissible Medco cannot accept CII prescriptions via fax Prescriber Signature Fax forms wil only be accepted when sent from a **Dispense as Written** prescriber's office The printed fax confirmation is proof of receipt (We cannot accept Signature Stamps) Most patients can receive a 90-day supply plus refills up to 1 year where appropriate.



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