



Irving
SPECIALTY PHARMACY

***Our Central Pharmacy number ***

Provider Representative

Phone

Date Needed

Rx Phone:

Ship to Patient's Home

Patient's Work

Prescriber's Office

Other

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (Daytime): _____ Phone # (Evening): _____

E-mail Address: _____

Insurance Provider (Please include copy of front and back of card): _____

ID #: _____ Policy/Group #: _____ Phone #: _____

Name of Insured: _____ Employer: _____

Relationship to Patient: Self Other: _____ Patient is Eligible for Medicare

Prescription Card: Yes No Carrier: _____ Policy/Group #: _____

CLINICAL ASSESSMENT

Patient is New to Therapy

Patient is Restarting Therapy

Patient is Currently on Therapy
(Start Date: _____)

Primary

Code

Condition: _____

Allergies: _____

Current Weight: _____ (kg / lbs) Current Height: _____ (cm / in)

PRESCRIPTION INFORMATION

Medication	Form	Strength	Quantity	Directions/Frequency	Dose	Refills

PRESCRIBER INFORMATION

Prescriber's Name: _____ Practice/Facility Name: _____

Address: _____ Contact: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax: _____ Best Time to Call: _____

State License #: _____ DEA #: _____ NPI#: _____ Medicaid UPIN #: _____

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state specific required language to prohibit substitution: _____

I certify that the above therapy is medically necessary and that the information above is accurate to the best of my knowledge.

Prescriber's Signature Required: _____ Date: _____

Secondary Signature Optional: _____ Date: _____

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.

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