

Specialty Rx Fax Order Form

Fax to PrecisionRx Specialty Solutions: (800) 824-2642
 For Assistance, please call: (800) 870-6419
 For TDD Assistance, please call: (800) 221-6915



Date Needed:		Date Requested:	
Part I Patient Information <u>COPY OF PATIENT'S ID CARD MUST BE SENT (Front and Back)</u>			
1. Name		2 Date of Birth	3. Allergies
Address		4. ID No.	
City	State	Zip	5. Medicare ID Number (if applicable)
Home Phone No.		Work Phone No.	6. Medicare Primary <input type="checkbox"/> Secondary <input type="checkbox"/>
7. Date of Discharge (Required for Transplant Patients)			
Part II Physician Information			
8. Name (Printed)		9. Office Contact Name	
Address		10. Office Phone No.	11. Fax No.
City		12. DEA No.	
State	Zip		13. Primary Care Physician
Part III Prescription			
14. Drug Name and Strength		15. Quantity	16. Refills
17. Has the patient been notified that the medication will be shipped? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Medication justification	19. Directions		20. DAW <input type="checkbox"/> Yes <input type="checkbox"/> No In Ohio Please Handwrite DAW
21. Diagnosis (required)	22. ICD-9 Code (required)		23. J-Code
24. M.D. signature (required)		25. Date	
Part IV Shipping Information (Required)			
26. Ship to: <input type="checkbox"/> Physician's Office address <input type="checkbox"/> Other address below			
Address		City/ State	Zip Code

Specialty medications, which require refrigeration, are shipped Monday – Thursday via overnight service. All other types of specialty medications will be shipped via second-day service. Customers will receive a follow-up call prior to their next refill due date.

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