

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.

STEP 1 ▶ Prescriber Information Questions? Call 1.888.EASYRX1

Note to Prescriber	
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Prescriber Name _____ DEA _____
Required for CIII-CV medications

Secure fax number _____ NPI ▶ _____

STEP 2 ▶ Member Information

Member No. _____
(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 where appropriate.

STEP 4 ▶ Prescription Information
 Please complete or attach prescription below

Prescriber Name Address City, State, Zip Telephone	
Patient Name _____	
DOB _____	Issue Date _____
Rx	
Refills _____	
Substitution Permissible _____	Prescriber Signature _____
Dispense as Written _____	Prescriber Signature _____

(We cannot accept Signature Stamps)

