

Your patient would like to receive their prescription medication from Medco. Please complete the form below and fax to 1 800 837-0959. If you have any questions, please call us at 1 888 EASYRX1. Thank you.

34191 

**NEWRx** 

### Note to Prescriber:

### Step 1. Please complete information below.

Member #

Member Name (card holder): ..... (First) ..... (Last)

Shipping Address: ..... City ..... State ..... Zip Code .....

### Step 2. Complete Patient Information:

Patient DOB: .....

Please check all that apply:

- Allergies:**
- None     Sulfa     Penicillin  
 Aspirin     Codeine     Iodine
- Medical Conditions:**
- Heart Attack/Angina     Heart Failure  
 Asthma     High B.P.  
 Ulcer     Glaucoma

Other .....

### Step 3. Please Write or Attach Prescription Below.

Prescription watermark security forms will obscure legibility when faxed.

Prescriber's Name And Address Required

Patient Name:

Address:

Issue Date: ...../...../.....

Rx

Refills:

### Step 4. Prescriber Information:

Prescriber Fax No. ....

Print Prescriber's Name .....

### Step 5. Sign and Fax Back to:

# 1 800-837-0959

.....  
Substitution Permissible - Prescriber Signature  
(We cannot accept Signature Stamps)

.....  
Dispense as Written - Prescriber Signature  
(We cannot accept Signature Stamps)

Please do not fax with a cover sheet. We do not accept CII prescriptions via fax. Fax forms will only be accepted if faxed directly from a prescriber's office. Most patients can receive a 90-day supply plus refills up to 1 year where appropriate.

 