

PRESCRIPTION Fax Form: **Accredo Health Specialty Medications Only**

Our patient would like to receive the medication _____ through Medco's specialty pharmacy Accredo. Please note if a patient has specifically requested a brand or generic product. Fill in any required information below, sign, date and return. If you have any questions, call our pharmacy at **1 800 987-4904**.

34444 

Fax to: 1 800 391-9707

Step 1. Please complete missing information below.

Member # _____

SCP

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

ICD-9 &/or conditions: _____

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:

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

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

Step 4. Prescriber Information:

Print Prescriber Fax No. _____

Print Prescriber's Name _____

Step 5. Sign and Fax Back to:

1 800 391-9707

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.



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