

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

Our patient would like to receive the medication \_\_\_\_\_ through Accredo, Medco's specialty pharmacy. 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 information below.

Member # \_\_\_\_\_

SCP

Member Name (cardholder): \_\_\_\_\_  
(First) (Last)

Shipping Address: \_\_\_\_\_  
City State Zip Code

## Step 2. Complete patient information:

Patient DOB: \_\_\_\_\_

Patient Phone No. \_\_\_\_\_

Patient Weight \_\_\_\_\_

Lab values (as necessary) \_\_\_\_\_

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: \_\_\_\_\_

## Step 4. Prescriber information:

Print Prescriber's Name \_\_\_\_\_

Print Prescriber Phone No. \_\_\_\_\_

Print Prescriber Fax No. \_\_\_\_\_

## Step 5. Sign and fax back to:

**1 800 391-9707**

## Step 3. Please write or attach prescription below. Note to Physician: To limit follow-up calls, please be sure to include dosage, form, and pertinent lab values.

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)

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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