

Medco Pharmacy

New Prescription Fax Form

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 missing information below.

Member # _____

Patient _____

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.

(425) 885-2058

Print Prescriber's Name

DR. GINA LANDICHO-WICKS

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.



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