



medco® | The Medco Pharmacy™

*write for 90 days*

Member Information

Cardholder ID #: \_\_\_\_\_  
(Include all characters. Leave box blank for spaces.)

Cardholder name: \_\_\_\_\_

**STEP 1** Complete all information below.

Prescriber Information

Prescriber Name: \_\_\_\_\_

Fax#: \_\_\_\_\_

NPI #: \_\_\_\_\_  
(NPI required for all prescriptions)

DEA #: \_\_\_\_\_  
(DEA required for CIII-CV prescriptions)

Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Not for CII prescriptions**

**STEP 2** Fill in or attach prescription below

Prescriber Name  
Address  
City, State, Zip



Write or stamp here

(Fill out one form for each Rx)

Patient Name: \_\_\_\_\_

Drug: \_\_\_\_\_

Strength: \_\_\_\_\_

Quantity: \_\_\_\_\_

Directions: \_\_\_\_\_

Refills: \_\_\_\_\_ (up to 3 refills)



Date: / /

(Stamps are not accepted. Signature required.)

In order for a brand name product to be dispensed, the prescriber must handwrite "brand necessary" or "brand medically necessary" in the space below.

When applicable PRINT Supervising Physician name here ↑

Patient Information

Date of birth: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Ship to address: \_\_\_\_\_

**STEP 3**

Indicate number of medications on this page.

\_\_\_\_\_

Have questions?  
Call 1 888 327-9791.

For reporting allergies or  
medical conditions, press option 5  
(Monday-Friday 8:30 am - 8:00 pm Eastern.)

**STEP 4**

Sign this prescription and fax to:

**1 800 837-0959**

- ◆ Fax from the prescriber's secure fax line.
- ◆ Do not fax with a cover sheet.
- ◆ Incomplete forms will cause a delay in processing.



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