# New prescription fax form

medco Pharmacy



Prescriber Return Within

 Not for CII prescriptions
90-day supply and 4 refills, when appropriate Have questions? Please call us at 1 888 327-9791

Complete all information below.

**Prescriber Information** Prescriber Name:

Fax #: 321 255-7336

Josee Arcand M.D.

DEA #: 181210191512191 1

(Only for CIII-CV prescriptions)

NPI#: 17/10/0/6/1/72/6

Telephone #: 31211 - 21515 - 71313141

#### **Member Information**

Prescription drug

Card holder name:

## Fill in or attach prescription below

Prescriber Name Address City, State, Zip

Write or Stamp Here

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

Strength:

Quantity:

Directions:

Refills: \_\_\_\_

When applicable PRINT Supervising Physician name here 1

### Sign and date here 1

(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.

### **Patient information**

Date of birth:

Telephone #:

Ship to address:

To update drug allergies or medical conditions please call: 1 877 222-2143. Monday through Friday 8:30 AM to 8 PM EST.

STEP 2 Indicate the number of medications on this fax.

STEP 3 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.

