

YOUR PATIENT WOULD LIKE TO RECEIVE THEIR PRESCRIPTION MEDICATION BY MAIL. 34221	
STEP 1 Prescriber Information	Questions? Call 877.363.1303
Note to Prescriber	
Prescriber Name	DEA
Secure fax number	NPI ▶
STEP 2 Member Information	
Member No.	Il characters. Leave box blank for spaces)
Member Name(card holder):	· ·
STEP 3 Patient Information	Prescription Information Please complete or attach prescription below
Patient Name DOB Tel	Prescriber Name
Ship to address	Address City, State, Zip
	Telephone
Allender	
Allergies None Sulfa Penicillin Aspirin Codeine Iodine	Patient Name
Other	DOB Issue Date
Medical Conditions ☐ Heart Failure ☐ Hypertension ☐ Heart Attack/Angina ☐ Asthma ☐ Glaucoma ☐ Ulcer	$R_{\mathbf{x}}$
Other	
STEP 5 Return Fax To Fax Your Prescription	Refills
After you've completed the patient sections of the order form,ask your doctor to fill out the rest and fax it to:	Prescriber Signature
1-877-895-1900	Substitution Permissible
Note:Faxes must be sent from a doctor's office,not your nome or work.	Dispense as Written
We cannot accept prescriptions for Class II medications	(We cannot accept Signature Stamps)

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Privacy Act Statement from the Department of Defense

Authority: 5 U.S.C. 301 (Departmental Regulations); 10 U.S.C. §§1095b-1095c, and §1097 (Medical and Dental Care); 45 C.F.R. Part 160 and Subparts A and E of Part 164 (Health Insurance Portability and Accountability Act); DTMA 04 (Medical/Dental Claim History Files); and, E.O. 9397, as amended (SSN).

Purpose: Information is being collected to provide pharmacy services to all TRICARE beneficiaries

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, this information may specifically be used to verify beneficiary eligibility, to provide contracted pharmacy benefits services, to authenticate and identify DoD affiliated personnel, and to register new DoD civilian and military personnel and their authorized dependents for the purpose of obtaining medical benefits or other benefits for which they are qualified.

Disclosure: Submission of this information is voluntary. However, failure to provide the requested information may result in delayed processing of pharmacy services.

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