

34202 Please complete ALL information below.	
STEP 1 Prescriber Information	Questions? Call 888.327.9791
Note to Prescriber	
Prescriber Name	DEA Required for CIII-CV medications
Secure fax number	NPI ▶
STEP 2 Member Information	
Member No. (Include all characters.Leave box blank for spa	aces)
Member Name(card holder):	STEP 4 Prescription Information
STEP 3 Patient Information	STEP 4 Prescription Information Please complete or attach prescription below
Patient Name	Prescriber Name
DOB Tel	Address
Ship to address	City, State, Zip Telephone
Allergies None Sulfa Penicillin Aspirin Codeine Iodine	Patient Name
Other	DOB Issue Date
Medical Conditions Heart Failure Hypertension Heart Attack/Angina Asthma Glaucoma Ulcer	₽ x
Other STEP 5 Return Fax NO COVER SHEET REQUIRED Fax this page ONLY to	Refills
800.837.0959	Prescriber Signature Substitution Permissible
We cannot accept CII prescriptions via fax. Fax forms will only be accepted when sent from a	Prescriber Signature
prescriber's office. The printed fax confirmation is proof of receipt.	Dispense as Written
Most patients can receive a 90-day supply plus refills up to 1 year (as appropriate).	(We cannot accept Signature Stamps)



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