

Please fully complete steps 1 to 4 below to help ensure timely processing of your patient's prescription.
Questions? Call Customer Service at 1-888-EASYRX1 (1-888-327-9791).

34196



STEP 1 Fill in both the **Subscriber** and the **Patient** information below.

Prescription Drug

Card Member #:

(Usually different than the health plan ID #.)

Subscriber Information (card holder):

Name:(First) _____ (Last) _____

Address: _____

City _____ **State** _____ **Zip Code** _____ **Phone** _____

Patient Name: (First) _____ (Last) _____ **DOB:** _____

STEP 2:

Confirm your office's secure fax #.
Check the box to indicate a change,
and write in the correct #.

New fax #: _____

STEP 3:

Complete for new patients or for
patients with changes in health.

Please check all that apply:

Allergies:

- None Sulfa Penicillin
- Aspirin Codeine Iodine

Medical Conditions:

- Heart Asthma High B.P.
- Ulcer Glaucoma

Other _____

STEP 4 Please tape the prescription from your prescription pad here.
(Most patients can receive up to a 90-day supply and 4 refills.)
Fax the completed form to: 1-800-837-0959

TAPE PRESCRIPTION HERE

Please confirm you have included:

On the form:

- Subscriber's Drug Card Number

On the prescription:

- Patient's Full Name
- Patient's Date of Birth
- Date Prescription Written
- Your Signature

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