



214 E. Fulton Grand Rapids, MI 49503

Medication Request Form

To Speak to a Pharmacist Call: 616-301-8200, or toll free 866-356-6048

Fax this signed prescription to: 616-301-8201, or toll free fax 877-356-6048

Patient Information

Date: _____	Patient SS#: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Patients First Name: _____		Patients Last Name: _____	
Address: _____			
Home Phone: _____	Work Phone: _____	Cell Phone: _____	
DOB: _____	Weight: _____	<input type="checkbox"/> kgs or <input type="checkbox"/> lbs	Recorded Date: _____
Caregiver: _____		Allergies: _____	

Insurance Information (fill out entirely OR fax copy of patient's insurance card both sides)

Employer: _____	Secondary Insurance: _____
Insured: _____	Insured: _____
Phone: _____	Phone: _____
Policy #: _____	Policy #: _____

Medication

	<u>Medication</u>	<u>Dose</u>	<u>Route</u>	<u>Frequency</u>	<u>Length</u>	<u>Cycle</u>	<u>Refills</u>
1.	_____	_____	_____	_____	_____	_____	# ___ X ___ Months
2.	_____	_____	_____	_____	_____	_____	# ___ X ___ Months
3.	_____	_____	_____	_____	_____	_____	# ___ X ___ Months
4.	_____	_____	_____	_____	_____	_____	# ___ X ___ Months
5.	_____	_____	_____	_____	_____	_____	# ___ X ___ Months
6.	_____	_____	_____	_____	_____	_____	# ___ X ___ Months

Primary Diagnosis Code: _____ Secondary Diagnosis Code: _____
Additional Notes: _____

Health Plan or PBM Authorization Number (if required)

Today's Date: _____ Date Shipment Needed: _____ Ship to: Patient Physician/Clinic Other
Physician's Name: _____
Physician's Phone Number: _____ Physician's Fax Number: _____
Office Address: _____
License #: _____ UPI #: _____ Medicaid Provider #: _____
Physician's Signature: _____ DEA #: _____
Contact Person: _____

IMPORTANT NOTICE: this facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.