Reset

CVS CAREMARK | Mail Service Pharmacy

Fax # 1-800-378-0323

FastStart® New Prescription Fax Form

If you would like to send a maintenance prescription to CVS Caremark Mail Service Pharmacy for your patient, please complete this form and fax it to the number above.

Please complete the 4 steps below.

Step 1: Patient Information

Patient Name: _____ DOB: ____/__/____

Address: _____ Phone: (____) ____ - _____

City, ST, ZIP: _____

CVS Caremark Member ID#: _____ Prescription Benefit Provider _____

Allergy Information: _____

Step 2: Prescription Information

Prescription Date: ____/__/____

	DRUG NAME	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
1.	_____	_____	_____	90 days or _____	1 year or _____
2.	_____	_____	_____	90 days or _____	1 year or _____
3.	_____	_____	_____	90 days or _____	1 year or _____
4.	_____	_____	_____	90 days or _____	1 year or _____

_____ **Authorized by/Title:** _____

(Prescriber Signature) (Full name if other than physician)

Substitution permissible unless prescriber writes brand necessary or DAW

Step 3: Physician Information Required

Dr. Name: _____ **Phone: (____)** _____ **-** _____

Address: _____ **Fax: (____)** _____ **-** _____

City, ST, ZIP: _____

NPI #: _____ **DEA #** (If controlled substance)**:** _____

Step 4: Fax this form toll-free to 1-800-378-0323