



DAILY DRUG ORDER FORM



CUTOFF TIMES:

Reorders:
THE PREVIOUS DAY
New Orders:

Date ___/___/___ Page ___ of ___ Faxed By _____

FAX TO DIAMOND PHARMACY SERVICES AT 1.800.523.0008. PLEASE FAX EARLY, USE A COVER SHEET, AND PRINT CLEARLY

Last Name/First Name	Date of Birth	Inmate #	Location	Medication Name and Strength	Directions			
Circle Rx Type:		Allergies		Physician	Quantity	Refills or D/C Date	KOP	
Circle inmate type: County, USM, ICE BOP, DOC, Other: _____		New Order Profile Discontinue					YES	NO
Check box to bill insurance <input type="checkbox"/>		Alien # Insurance ID #		<input type="checkbox"/> NKA				
Circle Rx Type:		Allergies		Physician	Quantity	Refills or D/C Date	KOP	
Circle inmate type: County, USM, ICE BOP, DOC, Other: _____		New Order Profile Discontinue					YES	NO
Check box to bill insurance <input type="checkbox"/>		Alien # Insurance ID #		<input type="checkbox"/> NKA				
Circle Rx Type:		Allergies		Physician	Quantity	Refills or D/C Date	KOP	
Circle inmate type: County, USM, ICE BOP, DOC, Other: _____		New Order Profile Discontinue					YES	NO
Check box to bill insurance <input type="checkbox"/>		Alien # Insurance ID #		<input type="checkbox"/> NKA				
Circle Rx Type:		Allergies		Physician	Quantity	Refills or D/C Date	KOP	
Circle inmate type: County, USM, ICE BOP, DOC, Other: _____		New Order Profile Discontinue					YES	NO
Check box to bill insurance <input type="checkbox"/>		Alien # Insurance ID #		<input type="checkbox"/> NKA				

Upon placing an order; Diamond is not responsible for the accuracy of the information contained in the last/first names, inmate type, inmate number, alien number, date of birth or insurance (Medicaid, Medicare, DOC or health care provider). Inmate/Billing status must be provided upfront for all patients; including a copy of healthcare coverage. Otherwise, the patient charges will be billed and payable by the facility and/or contracted customer for any unpaid claims.

GENERIC MEDICATION WILL BE SUBSTITUTED UNLESS PRESCRIBER WRITES "BRAND MEDICALLY NECESSARY" ON THE ORDER

All orders transcribed on this sheet are done so by an approved representative/designee of authorized provider acting as an employee of facility. All orders were transcribed from an original providers order and/or via verbal/telephone order of an authorized provider or his designee. It is the responsibility of facility to ensure accuracy, authenticity and completeness of provided information. Diamond will not be liable for any error which is a result of incorrect, inaccurate, or incomplete information contained on this sheet.

Price codes Patient Specific:

Price codes Stock:

Charge Accounts:

Room #: