Note: This form is intended for prescriber use only. If faxed, the fax must come from MD office or hospital (should not be faxed by patient).

Walgreens	Specialty P	harmacy				Un	iversal
covery acons	larriaoy	Prescription/Pharmacy Intake Form					
***Select one of our Central Pharmacy numbers from the drop-downs below, or type a Retail/Community Pharmacy number in the blank space provided Rx FAX: Rx Phone:							
n 11 - Dcontativo	1	-	ate Needed		Specialty Care Center	□Patient's l	Home
Provider Representative	Phone	քա	te Neeucu	□Prescriber's	-		Tome
PATIENT INFORM	IATION						
Patient Name: DOB: Male Female							
Address:							
City:		State:		Zin Code:			
Phone # (Daytime):							
E-mail Address:							
Insurance Provider (Please include copy of front and back of card):							
ID #: Policy/Group #: Phone #:							
Name of Insured:							
Relationship to Patient:							
Prescription Card: Yes	☐ No	Carrier:			Policy/Group #:		
CLINICAL ASSESS	MENT						
_		Drimary	- Cod		Allorgies		
Patient is New to Therapy Primary Code Condition: Allergies: Patient is Restarting Therapy							
Patient is Currently	on Therapy			~			
(Start Date:) Current V			Weight:	Weight:			
PRESCRIPTION INFORMATION							
Medication	Form	Strength	Quantity	Directio	ns/Frequency	Dose	Refills
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PRESCRIBER INF	DRMATI	ON					
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Prescriber's Name:				-	+•		
Address:					t:		_
City: Phone #:		Fax:		Th Cone.	Rest Time to	· Call·	
Phone #:State License #:	DF		NPI	[#·	— Medicaid UP	VIN #•	
In order for a brand name pr	roduct to be d	ispensed, the p	rescriber must	handwrite " Br a	and Necessary" or "Bı	rand Medica!	ílv
Necessary ," or your state spe							
I certify that the above the	rapy is medic	ally necessary	and that the	information at	ove is accurate to the	e best of my!	knowledge.
Prescriber's Signature Requ		_			_	-	=
Secondary Signature Optio					Date:		

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.

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Drug names are the property of their respective owners.