To: RE PHARMACY
PASSION FOR LIFE

Contact #: **Toll Free Phone:** 866.413.3156
Toll Free Fax: 877.834.1231
Fax: 760.340.3258

Conact Name: _____

From: _____

Contact #: _____

Date: _____

Pages: _____

FAX REFERRAL SHEET

Patient Information

Patient Name: _____ DOB: ____/____/____ ☐ Male ☐ Female
Address: _____ City: _____ ST: _____ Zip: _____
Phone: _____ Cell: _____ E-mail: _____
Social Security#: _____ Weight: _____lb Height: _____in
Allergies: _____ Date shipment needed: ____/____/____
Ship to: ☐ Patient ☐ Physician ☐ Other _____ Patient education kit? ☐ Yes ☐ No
Teaching to be done at: ☐ Physician office ☐ Patient home (to be coordinated with RE Pharmacy)

Insurance Information

Insurance provider: _____
(please include copy of card)
ID #: _____ Policy group #: _____ PCN#: _____
Phone: _____
Name of insured: _____
Employer: _____
Relationship to patient: ☐ Self ☐ Other: _____
Patient is eligible for Medicare Prescription Card: ☐ Yes ☐ No
Carrier: _____ Policy group #: _____

Prescriber Information

Prescriber Name: _____
State Lic.: _____
DEA: _____ NPI: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Fax: _____

Clinical Information

Diagnosis: _____
Prior tried & tailed medication: _____
Other: _____

Prescription Information

Medication: _____
Dose: _____ Sig: _____ Maintenance: _____ Duration: _____
Other: _____

Notes

By signing below, the prescriber gives consent to both, the prescription(S) above, as well as to RE Pharmacy to act as the prescriber's agent to begin and execute prior authorization process and to help patient apply to Co-pay Assistance programs, including all foundations and manufacturer assistance programs if necessary.

Prescriber Signature: _____ **Date:** ____/____/____

IMPORTANT NOTICE: *This facsimile 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, recipient should immediately notify the sender at the address and telephone numbers 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 than the named addressee, except by express authorization of the sender to the named addressee.*

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