

**Physician Fax Form**

PATIENT INFORMATION		
Name (First, Last)	Date of Birth (Month/Day/Year) / /	
Address (Please do not use P.O. box) City	State	ZIP code
E-mail Address (Optional)	Daytime Phone ( )	Evening Phone ( )
Member ID Number (Copy from ID card)	Suffix Number	
<input type="text"/>	- <input type="text"/>	
ALLERGY INFORMATION		
<b>Drug Allergies:</b>		
<input type="checkbox"/> No Allergies <input type="checkbox"/> 97 – Codeine <input type="checkbox"/> 40 – Sulfa <input type="checkbox"/> 4 – Aspirin <input type="checkbox"/> 31 – Penicillin <input type="checkbox"/> 539 – Peanuts <input type="checkbox"/> Other: _____		

PRESCRIPTION INFORMATION (Must be completed by Provider)	
<p><i>Must be completed and faxed from provider office:</i></p> <p><b>FAX COMPLETED FORM WITH COVER SHEET TO RIGHTSOURCERX: 1-800-379-7617</b></p>	
PRESCRIBER INFORMATION	PRESCRIPTION INFORMATION
<p>Attach prescription here or complete form</p> <p>Today's Date: ____ / ____ / ____</p> <p>DEA #: _____</p> <p>Physician's Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Phone #: (____) _____</p> <p>Fax: (____) _____</p> <p><b>MOST PRESCRIPTION DRUG PLANS COVER UP TO A 90-DAY SUPPLY, REFILLABLE UP TO ONE YEAR. FACSIMILE NOT VALID FOR CII PRESCRIPTION. VALID ONLY AT RIGHTSOURCERX.</b></p>	<p>Medication and Strength: _____</p> <p>Directions: _____</p> <p>Quantity: _____</p> <p>Number of Refills: _____</p> <p>Diagnosis: _____</p> <p><b>X</b> _____</p> <p style="text-align: center;"><b>Provider Signature – Substitution Permissible</b></p> <p><b>IN ORDER FOR A BRAND-NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "DO NOT SUBSTITUTE" IN THE SPACE BELOW</b></p> <p>_____</p>

**PLEASE NOTE:** It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. *RightSourceRx* will dispense an FDA-approved generic equivalent whenever available, when permitted by the prescriber and allowable by law. If you do not want a generic equivalent, please call our Customer Care Center to advise. It can take up to 48 hours to be entered into our system after your fax is received.