

Complete the following information and return to Magellan Rx Pharmacy, LLC

Please attach all prescriptions on Official State Prescription form if mandated by individual state laws. The prescriber is to comply with his/her state specific prescription requirements such as e-prescribing, state specific prescription form or hard copy prescription. *E-Prescribers please note that we are a surescripts© network pharmacy*

Patient Information <i>Please type or print clearly</i>	Name	DOB	SSN
	Street Address		<input type="radio"/> Male <input type="radio"/> Female
	City	State	Zip
	Home Phone	Work	Cell
	Emergency Contact	Phone	Relationship
	Shipping address (if different than above)		

Health Conditions	Treatment Diagnosis	ICD-10 Code	
	Other Diagnosis / Health Conditions		
	Height	Weight	Allergies
	Diabetic <input type="radio"/> Yes <input type="radio"/> No If yes: <input type="radio"/> Non-insulin dependent <input type="radio"/> Insulin dependent		

Insurance Information	Insurance Company	Policy #	
	Policy Holder Name	Policy Holder DOB	
	BIN #	Group #	PCN #
	<input type="radio"/> I consent to allow Magellan Rx to auto-enroll me in any patient assistance program.		

Prescription Order <i>Prescription must be faxed from physician's office</i>	Rx Drug Name / Strength / Dosage Form		
	SIG	Quantity	Refills
	<input type="radio"/> Dispense needles, syringes and ancillary supplies necessary to administer medication.		

List ancillary supplies and any other prescription, over-the-counter and herbal medications taken regularly:

Prescriber Certification	<i>I certify that the above therapy is medically necessary and the information is accurate to the best of my knowledge</i>		
	Prescriber Signature	Date	
	Print Prescriber Name	Prescriber Type <input type="radio"/> MD <input type="radio"/> DO <input type="radio"/> PA <input type="radio"/> NP	
	Prescriber NPI #	DEA #	License #
	Office Contact		
	Street Address / Suite Number		
	City	State	Zip
	Office Phone	Office Fax	
	Deliver to: <input type="radio"/> Prescriber's office <input type="radio"/> Patient address		

Generic equivalents are usually less expensive than brand name drugs. If we dispense a brand name drug, you may be responsible for a higher copayment and/or the difference between the brand and generic price of each drug. If allowed by your prescriber, we will dispense a generic equivalent unless you check this box. **I do not accept a generic equivalent.**

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