OPTUMRx®

# NEW PRESCRIPTION PHYSICIAN FAX ORDER FORM

Use this form to order a new mail service prescription by fax from the prescribing physician's office. Member completes section 1, while the physician completes sections 2 and 3. **This fax is void unless received directly from physician's office. To contact OptumRx, physicians may call 1-800-791-7658.**

## 1 Member information — to be completed by member

| | | | |
|---|---|---|---|
| Member ID Number | | (Additional coverage, if applicable) Secondary Member ID Number | |
| Last Name | | First Name | MI |
| Delivery Address | | | Apt. # |
| City | State | ZIP | Phone Number with Area Code |
| Date of Birth (mm/dd/yyyy) | Gender O M O F | Email | |

**Medication Allergies:**
O None known
O Amoxil/Ampicillin
O Aspirin
O Cephalosporins
O Codeine
O Erythromycin
O NSAIDs
O Penicillin
O Quinolones
O Sulfa
O Tetracyclines
O Others: _____

**Health Conditions:**
O None known
O Arthritis
O Asthma
O Cancer
O Diabetes
O Glaucoma
O Heart condition
O High blood pressure
O High cholesterol
O Osteoporosis
O Thyroid Disease
O Others: _____

**Over-the-counter/herbal medications taken regularly:**

**Keep on file.** If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:

**Notes to pharmacy:**

## 2 Physician and prescription information — physician to complete this section

| | | | |
|---|---|---|---|
| Prescribing Physician Name | | Patient Name | DOB |
| Physician Phone Number with Area Code | | Rx *Enter prescription details here or attach your office prescription to the form.* | |
| Physician Fax Number with Area Code | | | |
| Physician Street Address | | | |
| City, State, ZIP | | | |
| NPI | DEA | | |

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Refills: O 1 O 2 O 3 O Other: _____

Dispense as written: O Yes

**X**_____ _____
Physician Signature Date

## 3 Physician to fax completed order form to OptumRx at 1-800-491-7997.