

FAX FORM TO: 1.866.233.8317

PHONE: 1.855.492.0817

EMAIL: contact@bluegrass-rx.com

Complete the following or include demographic sheet.

1. PATIENT INFORMATION	
Name:	
Address:	
City, State, ZIP:	
Primary Phone: - -	DOB: / /
Alternate Phone: - -	Gender:
Email:	
Primary Language:	Last Four of SSN:

2. PRESCRIBER INFORMATION	
Name:	
DEA #:	NPI #: State Lic. #:
Group or Hospital:	
Address:	
City, State, Zip:	
Phone: - -	Fax: - -
Contact Person:	Phone: - -

3. INSURANCE INFORMATION *Fax copy of prescription and insurance cards with this form, if available (front and back)*

Primary Insurance Company Name:	Secondary Insurance Company Name:
Primary Cardholder Name:	Secondary Cardholder Name:
Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent	Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent
Phone: - - Member ID: Group #:	Phone: - - Member ID: Group #:

4. DIAGNOSIS AND CLINICAL INFORMATION

Needs by Date: / /	Ship to: <input type="radio"/> Patient <input type="radio"/> Office <input type="radio"/> Other:
DIAGNOSIS	ADDITIONAL CLINICAL INFORMATION
ICD-10 Code	Description
	Therapy: <input type="radio"/> New <input type="radio"/> Reauthorization <input type="radio"/> Restart
	Height (in/cm): Weight (lb/kg):
	Allergies:
	Other Medications:
Has patient received injection training? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Additional Comments:
Is patient interested in patient support programs? <input type="radio"/> Yes <input type="radio"/> No	

5. PRESCRIPTION INFORMATION

Medication	Dose/Strength	Directions	Quantity	Refills

Ancillary supplies and kits will be provided as needed for administration.

6. PRESCRIBER SIGNATURE

X	/ /	X	/ /
DISPENSE AS WRITTEN	DATE	PRODUCT SUBSTITUTION PERMITTED	DATE

IMPORTANT NOTICE: This facsimile transmission 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, the recipient should immediately notify the sender at the address or telephone number 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 other than the named addressee, except by express authority of the sender to the named addressee.