

1 Patient Instructions:

- Please complete the fields below and have your physician complete the Physician Section.
- Once completed, your physician can either fax this form to **800-491-7997** OR you can choose to return this form by mail to the address above OR your physician can phone in your new 90-day prescription to **800-791-7658**.
(PLEASE NOTE: THIS FORM IS VOID IF FAXED IN BY THE PATIENT)
- Standard delivery is at no charge. Most orders are shipped via USPS and should arrive in about 7 days from the date your completed order is received. If clarification of your order is required, delivery time may be longer.

Patient's Name		Member ID Number:	
Delivery Address			Apt. #
City	State	ZIP	Phone Number ()
Date of Birth (mm/dd/yyyy) / /	Email		
Notes to Pharmacy:			
<input type="checkbox"/> Please charge my credit card on file. <input type="checkbox"/> HOLD for LATER (Check only if you do NOT want this medication filled now)			

2 Physician Instructions:

- Your patient would like to convert the below RETAIL prescription to their **90-day** Mail Order benefit.
- Please call **800-791-7658** to order by phone or complete the required fields below, sign, date and either FAX to Prescription Solutions by OptumRx at **800-491-7997** or return the signed form to your patient for submission by mail.

Patient's Name		Date of Birth (mm/dd/yyyy) / /	
Retail Medication	Quantity of Last Fill	Last Fill Date	Retail Pharmacy Rx #
Required → New Qty:			
Required → Directions:			
Required → Refills: <input type="checkbox"/> 1 Yr <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other: _____			
Physician Name		Street Address	
Office Phone Number ()		City, ST ZIP	
Fax Number ()		Signature	
Please complete, sign and date →		NPI (please provide):	
		Date	

Health care information is personal and sensitive information related to a person's health care. If health care information is included with this fax, it is being faxed to you after appropriate authorization or under circumstances that do not require authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without the additional consent of such person whose health care information is attached or as permitted by law is strictly prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.