Magellan Rx Pharmacy

Magellan Rx Specialty Order Form

Complete the following information and return to Magellan Rx Pharmacy, LLC *E-Prescribers please note that we are a surescripts*© *network pharmacy*

Patient Information Please type or print clearly	Name			DOB		│ ○ Male	○ Female	е	
	Street Address								
	City			State		Zip			
	Home Phone		Work		Cell				
	Emergency Contact		Phone		Rela	ationship			
	Shipping address (if different than above)								
Health Conditions	Treatment Diagnosis				ICD-10 Code				
	Other Diagnosis / Health Conditions								
	Height	Weight		Allergies					
	Diabetic ○ Yes ○ No If yes: ○ Non-insulin dependent ○ Insulin dependent								
Insurance Information	Insurance Company			Poli	cy #				
	Policy Holder Name			Policy Holder DOB					
	BIN # Group #			PCN #					
	O I consent to allow Magellan Rx to auto-enroll me in any patient assistance program.								
Prescription Order Prescription must be faxed from physician's office	Rx Drug Name / Strength / Dosage Form								
	SIG			Quantity		Refills			
	Additional Rx / Ancillary Supplies / Information								
	List all prescription, over-the-counter and herbal medications taken regularly: (use additional sheet if necessary)								
Prescriber Certification	I certify that the above therapy is medically necessary and the information is accurate to the best of my knowledge								
	Prescriber Signature			Date					
	Print Prescriber Name			Pr	escriber Type(OMD ODC	O PA	O NP	
	Prescriber NPI #		DEA #		Lice	nse #			
	Office Contact								
	Street Address / Suite Number								
	City			State		Zip			
	Office Phone			Office Fax	(
	Deliver to: O Prescriber's office O Patient address								
Generic equivalen	ts are usually less expensive t	han hrand nam	ne drugs If w	e disnense a	hrand name dri	ug vou may h	resnons	ihle	

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.

6870 Shadowridge Drive, Ste 111 Orlando FL 32812 Phone: 866-554-2673 Fax: 866-364-2673

