

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 <input type="radio"/> M <input type="radio"/> F	Email	
Medication Allergies: <input type="radio"/> Aspirin <input type="radio"/> Erythromycin <input type="radio"/> Quinolones <input type="radio"/> Others: _____ <input type="radio"/> None known <input type="radio"/> Cephalosporins <input type="radio"/> NSAIDs <input type="radio"/> Sulfa _____ <input type="radio"/> Amoxicil/Ampicillin <input type="radio"/> Codeine <input type="radio"/> Penicillin <input type="radio"/> Tetracyclines _____			
Health Conditions: <input type="radio"/> Asthma <input type="radio"/> Glaucoma <input type="radio"/> High cholesterol <input type="radio"/> Others: _____ <input type="radio"/> None known <input type="radio"/> Cancer <input type="radio"/> Heart condition <input type="radio"/> Osteoporosis _____ <input type="radio"/> Arthritis <input type="radio"/> Diabetes <input type="radio"/> High blood pressure <input type="radio"/> Thyroid Disease _____			
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		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Rx</div> <p><i>Enter prescription details here or attach your office prescription to the form.</i></p>	
Physician Fax Number with Area Code			
Physician Street Address			
City, State, ZIP			
NPI	DEA		
<p>This document and others if attached contain information from OptumRx that is privileged, confidential and/or may contain protected health information (PHI). We are required to safeguard PHI by applicable law. The information in this document is for the sole use of the person(s) or company named above. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. If you are not the intended recipient, please notify the sender immediately and return the document(s) by mail to OptumRx Privacy Office, 17900 Von Karman, M/S CA016-0101, Irvine, CA 92614.</p>		Refills: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> Other: _____	
		Dispense as written: <input type="radio"/> Yes	
		X _____ Physician Signature	_____ Date

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

