



New Prescription Fax Order Form

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**Please fill out Section 1, then have your physician fill out Section 2 and FAX it to 1-800-491-7997.
NOTE: THIS FAX IS VOID UNLESS RECEIVED DIRECTLY FROM YOUR PHYSICIAN'S OFFICE.**

Primary 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="checkbox"/> M <input type="checkbox"/> F	Email	
Medication Allergies: <input type="checkbox"/> Amoxicil/Ampicillin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Aspirin <input type="checkbox"/> NSAIDs <input type="checkbox"/> Cephalosporins <input type="checkbox"/> Penicillin <input type="checkbox"/> Codeine <input type="checkbox"/> Quinolones		Health Conditions: <input type="checkbox"/> Arthritis <input type="checkbox"/> Glaucoma <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Condition <input type="checkbox"/> Cancer <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Diabetes <input type="checkbox"/> High Cholesterol	
<input type="checkbox"/> None Known		<input type="checkbox"/> None Known	
<input type="checkbox"/> Sulfa		<input type="checkbox"/> Osteoporosis	
<input type="checkbox"/> Tetracyclines		<input type="checkbox"/> Thyroid Disease	
<input type="checkbox"/> Others: _____		<input type="checkbox"/> Others: _____	

Over-the-counter/Herbal medications taken regularly:

Keep on file. Do not ship. 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:

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**PHYSICIAN —
Please fill out Section 2,
or attach your office prescription
to this form.
Then FAX to 1-800-491-7997
Physician-Only Phone:
1-800-791-7658**

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If you have received this document in error, please immediately notify the sender, or OptumRx by phone or fax at the numbers listed above.

Patient Name	DOB
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Rx

Refills 1 2 3 Other: _____ Dispense as written Yes

Physician Name	Office Phone Number with Area Code
Street Address	Fax Number with Area Code
City, State, ZIP	NPI DEA
Physician Signature	Date

