McKESSON
Empowering Healthcare

McKesson Specialty Pharmaceuticals
5712 Jarvis Street
New Orleans, LA 70123-2222

INJECTABLE DRUG REQUEST FORM

FAX TO: 1-888-591-8482 Customer Service Phone: 1-888-456-7274

Date Needed: _____ (MM / DD / YY)

PRESCRIPTION

PATIENT INFORMATION:

Patient Name (First):	Last:	M:	DOB (mm/dd/yy):	Sex: ○ M ○ F
Patient Address: (include apt. #)	City:		State:	Zip:
Daytime Phone:	Evening Phone:		Best time to contact patient: ☐ Morning ☐ Evening	
Emergency Contact name, # relationship:			Primary Language:	

INSURANCE INFORMATION: ***PLEASE SEND COPIES OF BOTH SIDES OF PHARMACY AND MEDICAL NSURANCE CARDS WITH THIS FORM.***

Insured's Name:	Insured's SSN:	Insured's Employer or Group #:
Medical Insurance Name:	Medical ID#:	Medical Insurance Phone:
Pharmacy InsuranceName:	Pharmacy ID#:	Pharmacy Insurance Phone:
Secondary Insurance Name:	Secondary ID#:	Secondary Insurance Phone:
Prior Authorization:	Valid Through:	Is the patient Medicare primary? ○ Y ○ N

PRESCRIPTION INFORMATION: If attaching an Rx, please include the ICD-9 code and physician signature.

Drug:	Dose: _____ mg	Quantity:
Sig:	Stop Date:	Refill _____ months
ICD-9 Code:	Physician Signature: _____	☐ **Generic substitution allowed** ☐ **Dispense as written**

SHIPPING INFORMATION:

Ship to:
○ Physician's Office
○ Patient's Home **(no PO Boxes please)**
○ Other**:** _____

Height: _____ / Weight: _____
Allergies (including food): _____

Current Medication Profile: (include OTCs & herbals)

Drug	Dose	Directions

PHYSICIAN INFORMATION: If physician's shipping or billing addresses are different, please attach on a separate sheet.

Physician Name:	Specialty:	
Physician Address (include all suite, bldg. #'s, etc.):		
Contact Name:	Phone # (include ext.):	Secure Fax #:
Physician UPIN #:	License #:	DEA #:

All refrigerated prescriptions are shipped standard overnight service. Orders are shipped for delivery by the "Date Needed" noted above. Saturday delivery requires approval from a pharmacist. Contact for refill coordination is made prior to the due date.