SpecialtyScripts™ Pharmacy
a Cardinal Health company

Fax cover sheet

187 Plymouth Avenue
Building 8, 1st Floor
Fall River, MA 02721
800-218-5688 (phone)

866-709-8006 (Blue Cross and Blue Shield of Vermont Dedicated Phone Line)

800-830-5292 (fax)

Attention: Please remember to include the Need by Date and delivery location to help us deliver your patient's order on time.

Date: _____

Senders Name: _____

Direct Phone #: _____

My fax # is: _____

We are transmitting a total of _____ pages, including this cover page.

Additional Notes:

Patient referral form

(electronically transmitted prescription)

Prescriber: _____ DEA#: _____

Medical Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

( )_____-_____ (ph)( ) _____-_____ (fax) Date:_____

REQUIRED! Need by: Date Time Deliver to: ☐ Patient ☐ MD Office ☐ Other

PATIENT INFO Please complete or attach a copy from patient insurance card (both sides) or profile information.

Patient Name _____ Home Phone _____

Address _____ Daytime Phone _____

City _____ State _____ Zip _____ DOB _____ SSN _____

Pharmacy benefit card

Primary Insurance _____ Secondary Insurance _____

Name of Insured _____ Name of Insured _____

Policy # _____ Policy # _____

Group # _____ Group # _____

Phone # _____ Phone # _____

MEDICAL HISTORY/INFO Allergies: _____

Weight: _____

Prescriptions

Prescription #1

Drug and Strength	quantity	directions for use	refills

Prescription #2

Drug and Strength	quantity	directions for use	refills

Prescription #3

Drug and Strength	quantity	directions for use	refills

Prescription #4

Drug and Strength	quantity	directions for use	refills

Prescription #5

Drug and Strength	quantity	directions for use	refills

Prescription #6

Drug and Strength	quantity	directions for use	refills

Prescription #7

Drug and Strength	quantity	directions for use	refills

Prescription #8

Drug and Strength	quantity	directions for use	refills

Prescriber Signature _____

Interchange is mandated unless the practitioner writes the words "no substitution" in the above space