Optum

New Home Delivery Prescription Physician Fax Order Form

Fax 1-800-491-7997

5510

Physician, please provide:
- Complete patient information
- Complete prescription information
- 90 day supply is preferred

Customer service phone number: **1-800-562-6223**
Physician's line: **1-800-791-7658**

Note: Schedule II medications cannot be faxed
This is not a valid prescription in Arizona.

1. Patient information

Last name	First name	MI	Gender O M O F
Date of birth (mm/dd/yyyy)	Insurance ID number	Phone number with area code	
Delivery address			Apt. #
City	State	ZIP	Alternate phone number with area code

Drug allergies
O Penicillin
O Sulfa
O Codeine
O None known
O Cephalosporins
O Erythromycin
O Tetracycline
O Ampicillin
O Aspirin
O Quinolone
O Others _____

Health conditions
O Diabetes
O Glaucoma
O Osteoporosis
O Arthritis
O Asthma
O Cancer
O High blood pressure
O Thyroid disease
O Heart condition
O Others _____

2. Physician and prescription information — physician to complete this section

Medication (Strength, dosage form and formulation) Directions Quantity Refills: O 0 O 1 O 2 O 3 O Other _____ Dispense as written: O Yes:	**Medication** (Strength, dosage form and formulation) Directions Quantity Refills: O 0 O 1 O 2 O 3 O Other _____ Dispense as written: O Yes:

Physician's name	NPI	DEA
Street		
City	State	ZIP
Phone	Date	
Signature	Date	

Sign and fax back to: 1-800-491-7997

[alt fax: 1-760-476-0406]

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