Catalyst Rx® IPS Immediate Pharmaceutical Services, Inc. OhioDAS

PRESCRIPTION FAX FORM

33381 Walker Road • PO Box 166 • Avon Lake, Ohio 44012

FORM INSTRUCTIONS

PATIENT INSTRUCTIONS: In all cases, you should try to obtain a new written prescription from your physician and mail it to Immediate Pharmaceutical Services, Inc. (IPS) along with the IPS *Registration and Prescription Order Form*. If this is not possible, follow these steps to have your physician submit your prescription directly via fax:

1. Complete the sections below using black ink only
2. Have your physician fill out the prescription information
3. Have your physician fax the completed form to IPS at 1-800-893-2299
4. Allow two weeks for delivery

NOTE: This form must be faxed directly from your physician's office in order to be valid.
Please ensure you have a credit card on file for payment of your order. By having your physician submit this form, you are authorizing IPS to charge your credit card. If you are unsure of the copayment for the following prescription, you may obtain prescription copayment information in advance by calling 1-866-854-8850.

Physician Name: _____ Faxed By: _____

Physician Telephone #: _____ Physician Fax #: _____

IPS Telephone: 1-866-854-8850 **IPS Fax: 1-800-893-2299**

By providing this form, you have authorized release of all information to IPS, as needed, to process your prescription and refills.

PRESCRIPTION INFORMATION

Physician Name: _____

Office Telephone: _____

Patient Name: _____

Patient Telephone: _____

Member ID #: _____

Patient DOB: _____

This section is to be completed by the prescriber.

Medication Name: _____ **Strength:** _____

Quantity: _____

Directions: _____

_____

_____

Refills: _____

MD Signature: _____

DEA Number: _____ **Date:** _____

PHYSICIAN INSTRUCTIONS: Please FAX completed form back to IPS.

CONFIDENTIALITY NOTICE: THE INFORMATION IN THIS TRANSMITTAL IS CONFIDENTIAL AND INTENDED ONLY FOR THE RECIPIENT LISTED ABOVE. IF YOU ARE NEITHER THE INTENDED RECIPIENT NOR A PERSON RESPONSIBLE FOR DELIVERING THIS TRANSMITTAL TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISTRIBUTION OR COPYING OF THIS TRANSMITTAL IS PROHIBITED. IF YOU RECEIVE THIS TRANSMITTAL IN ERROR, PLEASE IMMEDIATELY NOTIFY US AND RETURN THE TRANSMITTAL TO US AT OUR EXPENSE.

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