OPTUMRx™

Quick-Fax

Fax: 1-800-491-7997

5510

Physician: Please provide:
- Complete Patient Information
- Complete Prescription Information
- **90 day supply is preferred**

Customer Service Phone #: 1-800-562-6223
Physician's Line: 1-800-791-7658

Note: Schedule II medications cannot be faxed

Patient's Name:	**Sex (circle):**	**Date of Birth:**	**Insurance ID #:**
Shipping Address:			**Phone Number:**
City:	**State:**	**Zip:**	**Alternate Phone Number:**

Drug Allergies: ☐ **None Known** ☐ Others:
☐ Penicillin ☐ Cephalosporins ☐ Ampicillin
☐ Sulfa ☐ Erythromycin ☐ Aspirin
☐ Codeine ☐ Tetracycline ☐ Quinolones

Health Conditions: ☐ High Blood Pres. ☐ Others:
☐ Diabetes ☐ Arthritis ☐ High Cholesterol
☐ Glaucoma ☐ Asthma ☐ Thyroid Disorder
☐ Osteoporosis ☐ Cancer ☐ Heart Condition

Medication & Strength:
Directions:
Qty
Refills: ☐ 0 ☐ 1 ☐ 2 ☐ 3 **Other:** ____
Brand Only: ☐ **YES**

Medication & Strength:
Directions:
Qty
Refills: ☐ 0 ☐ 1 ☐ 2 ☐ 3 **Other:** ____
Brand Only: ☐ **YES**

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Directions:
Qty
Refills: ☐ 0 ☐ 1 ☐ 2 ☐ 3 **Other:** ____
Brand Only: ☐ **YES**

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Directions:
Qty
Refills: ☐ 0 ☐ 1 ☐ 2 ☐ 3 **Other:** ____
Brand Only: ☐ **YES**

Physician's Name:	NPI:	DEA:
Street:		
City:	State:	Zip:
Phone:	Fax:	
Signature:	Date:	

- **SIGN and Fax Back to: 1-800-491-7997**

Health care information is personal and sensitive information related to a person's health care. If health care information is included with this fax, it is being faxed to you after appropriate authorization or under circumstances that do not require authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without the additional consent of such person whose health care information is attached or as permitted by law is strictly prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.