

Prescription Fax Form

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

FORM INSTRUCTIONS

Patient Instructions: In all cases, you should obtain a new written prescription from your physician and mail it to us with the enclosed Registration & Prescription Order Form. If this is not possible, follow these steps to have your physician submit your prescription directly to Catamaran™ Home Delivery:

1. Complete the sections below using black ink only

Physician Name:

- 2. Have your doctor fill out the specific prescription information
- 3. Have your doctor fax the completed form to Catamaran Home Delivery, at 1-800-893-2299
- 4. Allow 2 weeks for delivery

Physician Telephone #1

NOTE: The prescription form must be faxed from your doctor's office in order to be valid.

Please ensure you have a credit card on file for the processing of payment for your order. By having your physician submit this form, you are authorizing Catamaran Home Delivery to charge your card. If you are unsure of the copayment for the following prescription, you may obtain prescription copayment information in advance, by calling 1-800-763-0044.

Faxed By: _____

Physician Fax #:

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Telephone: 1-800-763-0044 (Option "7" for a Pharmacist) By providing this form, you have authorized release of all information to to process your prescription and refills.	
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PRESCRIPTION INFORMATION	
Physician Name:	
Office Telephone:	
Patient Name:	
Patient Member ID#:	
Patient Telephone:	
Patient DOB:	
This section is to be completed by the prescriber.	
Medication Name:	Strength:
Quantity:	
Directions:	
Refills:	
MD Signature:	
DEA Number:	

Physician Instructions: Please FAX completed form back to Catamaran Home Delivery.

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.