OPTUMRx®

NEW PRESCRIPTION PHYSICIAN FAX ORDER FORM

Use this form to order a new mail service prescription by fax from the prescribing physician's office. Member completes section 1, while the physician completes sections 2 and 3. **This fax is void unless received directly from physician's office. To contact OptumRx, physicians may call 1-800-791-7658.**

1 Member information — to be completed by member

Member ID Number		(Additional coverage, if applicable) Secondary Member ID Number	
Last Name		First Name	MI
Delivery Address			Apt. #
City	State	ZIP	Phone Number with Area Code
Date of Birth (mm/dd/yyyy)	Gender O M O F	Email	

Medication Allergies:
O None known
O Amoxil/Ampicillin
O Aspirin
O Cephalosporins
O Codeine
O Erythromycin
O NSAIDs
O Penicillin
O Quinolones
O Sulfa
O Tetracyclines
O Others:_____

Health Conditions:
O None known
O Arthritis
O Asthma
O Cancer
O Diabetes
O Glaucoma
O Heart condition
O High blood pressure
O High cholesterol
O Osteoporosis
O Thyroid Disease
O Others:_____

Over-the-counter/herbal medications taken regularly:

Keep on file. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:

Notes to pharmacy:

2 Physician and prescription information — physician to complete this section

Prescribing Physician Name		Patient Name	DOB
Physician Phone Number with Area Code		Rx *Enter prescription details here or attach your office prescription to the form.*	
Physician Fax Number with Area Code			
Physician Street Address			
City, State, ZIP			
NPI	DEA		

Refills: O 1 O 2 O 3 O Other: _____

Dispense as written: O Yes

X_____ _____
Physician Signature Date

3 Physician to fax completed order form to OptumRx at 1-800-491-7997.

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