OPTUMRx™

New Prescription Fax Order Form

1 **Please fill out Section 1, then have your physician fill out Section 2 and FAX it to 1-800-491-7997.**
NOTE: THIS FAX IS VOID UNLESS RECEIVED DIRECTLY FROM YOUR PHYSICIAN'S OFFICE.

Primary 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 ☐ M ☐ F	Email	

Medication Allergies: ☐ None Known

☐ Amoxil/Ampicillin ☐ Erythromycin ☐ Sulfa
☐ Aspirin ☐ NSAIDs ☐ Tetracyclines
☐ Cephalosporins ☐ Penicillin ☐ Others: _____
☐ Codeine ☐ Quinolones

Health Conditions: ☐ None Known

☐ Arthritis ☐ Glaucoma ☐ Osteoporosis
☐ Asthma ☐ Heart Condition ☐ Thyroid Disease
☐ Cancer ☐ High Blood Pressure ☐ Others: _____
☐ Diabetes ☐ High Cholesterol

Over-the-counter/Herbal medications taken regularly:

Keep on file. Do not ship. 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 — Please fill out Section 2, or attach your office prescription to this form.**

Then FAX to 1-800-491-7997

Physician-Only Phone: 1-800-791-7658

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If you have received this document in error, please immediately notify the sender, or OptumRx by phone or fax at the numbers listed above.

Patient Name	DOB

℞

Refills ☐ 1 ☐ 2 ☐ 3 ☐ Other: _____ Dispense as written ☐ Yes

Physician Name	Office Phone Number with Area Code	
Street Address	Fax Number with Area Code	
City, State, ZIP	NPI	DEA
Physician Signature	**Date**	