General Injectable Prescription & Enrollment Form

(800) 962-6339 Office
(866) 755-6339 Fax

Patient Information

Last Name	First Name
Social Security #	Date of Birth
Parent or Guardian	
Home Phone	Other Contact Phone
Home Address	
City, State, Zip	

Insured Information

Primary Insurance (Fax copy of card - both sides)	
Subscriber's Name	Relationship to Patient
Policy #	Group #
Primary Insurance Phone	
Prescription Card (Fax copy of card - both sides)	
Secondary Insurance	Policy #

DIAGNOSIS/MEDICAL INFORMATION (Please specify primary and secondary diagnosis)

Primary Diagnosis	
Secondary Diagnosis	
Patient Weight lb/kg	Allergies:
Patient Height	

PRESCRIPTION INFORMATION

Medication:	Dose/Frequency:	Qty: Refills:
Medication:	Dose/Frequency:	Qty: Refills:
Medication:	Dose/Frequency:	Qty: Refills:
Medication:	Dose/Frequency:	Qty: Refills:
Medication:	Dose/Frequency:	Qty: Refills:

SUPPLIES NEEDED (if medication is to be administered in the patient's home):

If checked, please specify the size and type (if applicable):

☐ Syringes/Needles ☐ Swabs ☐ Sharps Container ☐ Other

DELIVERY INSTRUCTIONS

☐ Physician's Office ☐ Patient's Home ☐ Other	Date Medication Needed:

Physician's Name (Please Print)

Physician's Address

Phone Fax

Dr.'s Office Contact Name

Physician's Signature Date

Physician's DEA#

License # NPI

Fax completed form to Medex BioCare (866) 755-6339