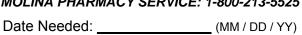


## INJECTABLE DRUG REQUEST FORM

FAX TO: 1-800-869-7791 FOR PRIOR AUTHORIZATION MOLINA PHARMACY SERVICE: 1-800-213-5525





R

PATIENT INFORMATION:	L L L L		PRESC	RIPTION					
Patient Name (First):	Last:		M:	DOB:	Se	x: M	SSN:		
Patient Address: (include apt. #)			Ci	City: S			State:	Zip:	
Daytime Phone: Evening							Best time to contact patient: □ Morning  □ Evening		
Emergency Contact name, #, relationship:			Is the patient Medicare primary?   Y  N Primary Language:						
PRESCRIPTION INFORMATION:	If attaching	an Rx, pleas	se includ	e the ICI	D-9 code an	d physicia	an signatu	re.	
Drug:				Dose: mg			Quant		
Sig:				Stop Da	ate:		Refill	months	
ICD-9 Code:									
Physician Signature:				☐ Generic substitution permissible ☐ Dispense as written					
SHIPPING INFORMATION:									
Ship to:				ght:/ Weight:					
Physician's Office				Allergies (including food):					
□ Patient's Home ( <u>NO</u> PO Box	es please)		Currer	t Medica	ation Profile	e: (include	OTCs &	herbals)	
□ Other:			Drug Dose Directions						
PHYSICIAN INFORMATION: If p	hvsician's sh	nipping or bi	lling add	lresses a	re different	, please at	ttach on a	separate sheet.	
Physician Name:					Specialt				
Physician Address (include all su	ite, bldg. #'s,	etc.):							
Contact Name:	Phone # (include ext.):				Secure Fax #:				
Physician UPIN #: Licen			se #:			DE	DEA #:		
MOLINA HEALTHCARE USE ONLY:									
Pending     APPROVE			ED			Effoctive	Effective Date:		
More Information Required		Authorization	n Number:			Term Date:			
		Comments:					ate		
□ Approved as Modified (See Comm	ients)								

All refrigerated prescriptions are shipped standard overnight service. Orders are shipped for delivery by the "Date Needed" noted above. Saturday delivery requires approval from a pharmacist. Contact for refill coordination is made prior to the due date.

CONFIDENTIALITY STATEMENT: This communication is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agent responsible for delivery of the communication, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone. **1/05**