



Phone: (888) 637-5121 Fax: (888) 637-5191

MAIL ORDER PHARMACY PRESCRIPTION FAX FORM

PRESCRIBER: PLEASE FAX COMPLETED FORM TO (888) 637-5191

PRESCRIBER:

Your patient has requested that you submit prescription(s) to their mail order pharmacy, SaveDirectRx. Please do so by faxing to (888) 637-5191, or you may call the prescription in at (888) 637-5121.

(Please note: faxed prescriptions must come from prescriber's office only; this form is not required to fax in a prescription.)

PATIENT INFORMATION

NAME: _____

PATIENT DOB: _____

PATIENT PHONE: (____) _____ - _____

DRUG ALLERGIES: _____

PRESCRIBER INFORMATION

PRESCRIBER
NAME: _____

PRESCRIBER
PHONE: (____) _____ - _____

PRESCRIBER
FAX: (____) _____ - _____

NOTES / COMMENTS FOR PHARMACY:

ATTACH PRESCRIPTION(S) HERE:

Please note:

- *Most medications dispensed in 90-day supply, please indicate appropriately.*
- *SaveDirectRx does not fill C-II Controlled Medications.*
- *Prescriptions can only legally be accepted by fax if sent from the prescriber's office.*