

Please complete the following information and mail to Magellan Rx Pharmacy, LLC or fax to 866-364-2673.

<b>Patient Information</b>	Last Name:		First Name:		MI:
	Street Address:				
	City:		State:	Zip:	
	DOB:		Sex: <input type="radio"/> Male <input type="radio"/> Female		
	Home phone:		Cell:	Work:	
<b>Alternate Shipping Address</b>	Street Address:				
	City:		State:	Zip:	
<b>Insurance Information</b>	Prescription Benefit Plan:				
	Patient ID#:		Group/Policy #:		
	Subscriber Name (if not patient):				
	Insurance Company Phone #:				
	Medical Plan Name:				
Medical Plan ID#:		BIN #:			
<b>Patient Health Information</b>	Height:	Weight:	Diabetic: <input type="radio"/> Yes <input type="radio"/> No	Insulin Dependent: <input type="radio"/> Yes <input type="radio"/> No	
	Primary diagnosis/ICD-10 requiring specialty medication(s):				
	Name of specialty medication:				
	Additional medical condition(s):				
	Drug allergies:				
<b>List all prescription, over-the-counter and herbal medications taken regularly:</b> (use additional sheet if necessary)					
<b>Practitioner Information</b>	Last Name:		First Name:		
	Office Contact:		License #:		
	NPI #:		DEA #:		
	Street Address:				
	City:		State:	Zip:	
	Phone Number:		Fax Number		

Generic equivalents are usually less expensive than brand name drugs. If we dispense a brand name drug, you may be responsible for a higher copayment and/or the difference between the brand and generic price of each drug. If allowed by your prescriber, we will dispense a generic equivalent unless you check this box.  **I do not accept a generic equivalent.**

6870 Shadowridge Drive, Ste 111, Orlando, FL 32812 | Phone: 866-554-2673 | Fax: 866-364-2673

\*\*\* THIS FORM IS NOT VALID IN THE STATE OF ARIZONA \*\*\*