

Please fax completed referral Rx form to CuraScript, Inc.
Fax: 866.877.1342 Phone: 877.634.8555

Physician Information

Physician Name: _____ Office Contact/RN Name: _____
 Phone Number: _____ Fax Number: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 DEA #: _____

Patient Information

Patient Name: _____ DOB: _____
 Home Phone: _____ Daytime Phone: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Allergies: _____ Height: _____ Weight: _____ lbs or kg
 Primary Diagnosis: _____ Dx Code: _____

Insurance Information

Primary Insurance: **AvMed Health Plans** Insurance Phone: **1.800.816.5465**
 Policy Holder's Name: _____
 Group Number: _____
 Member Number: _____

Drug Delivery Information

If drug requires Prior Authorization, please send appropriate documentation (i.e., notes, test results, etc.).

- In-Office Delivery[†] Just in Time Program* Drug Replacement Program** Home Delivery
 Other (i.e., delivery to work): _____
 Ship to Facility (i.e., SNF, Out-patient Facility)

Contact Person at Facility: _____ Phone: _____
 Address/Dept. Receiving Shipment: _____

[†]Examples include Procrit, Aranesp, and Neupogen. Refills are allowed. ***Program requires Physician enrollment with AvMed.**
[‡]A separate form for each date of service is required; no refills or in-office medications.

Prescription

Select, stamp or write below: New Patient Refill Request

Medication	Strength	Directions	Qty

Number of Refills (N/A if Drug Replacement Program): _____

Physician Signature is Required

Physician's Signature: _____ Date: _____
 Date Needed (Please allow 48 hours for delivery): _____
 Date of Office Procedure (Drug Replacement Program Only): _____

IMPORTANT NOTICE: This facsimile is intended to be delivered to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by other than the named addressee, except by express authority of the sender to the named addressee.