



Specialty Pharmacy Center
 2351 Crowne Point Drive
 Cincinnati, Ohio 45241
 Phone: 1-888-782-8443
 Fax: 1-866-617-6685 or 1-513-612-3710

Patient Referral

Fax: 1-866-617-6685

Patient Information <small>(Please type or print clearly.)</small>	Last		First		
	Address				
	City		State	ZIP Code	
	Home Phone w/area code		Work Phone w/area code		
	Date of Birth				
	Special Instructions (allergies, nursing, non-english speaking, etc.)				
Insurance Information	Primary Insurer				
	Contact		Phone w/area code		
	Policy Holder		Date of Birth	SSN	
	Name of Employer				
	Policy #		Group #	FaX w/area code	
	RX Card		Card #	Phone w/area code	
	ID #		Group #		
Primary Diagnosis <small>(Please provide ICD-9 Code.)</small>					
Prescription Information	Date Needed: _____				
	Medications Needed		Number of Refills Authorized		
	_____		_____		
	_____		_____		
Prior Authorizations/UM CHART Numbers		Dates Valid			
_____		_____ to _____			
_____		_____ to _____			
_____		_____ to _____			
Delivery Instructions <small>(As per patient request.)</small>	<input type="checkbox"/> Home <input type="checkbox"/> Physician's Office <input type="checkbox"/> Workplace <input type="checkbox"/> Walgreens Store <input type="checkbox"/> Other				
	Address (if different from address above)		Phone w/area code		
	City		State	ZIP Code	
Physician Information	Print MD Name				
	Address				
	City		State	ZIP Code	
	Phone w/area code		FaX w/area code		
Contact	Case Manager: _____				
	Phone w/area code: _____		Fax w/area code: _____		
	<input type="checkbox"/> Please acknowledge receipt of this fax.				