



# NEW PRESCRIPTION REQUEST FORM

The Patient identified below is due for a refill for the prescription(s) indicated; however, there are no authorized refills remaining. If you would like to authorize a new prescription, please complete this form and fax it back to (314) 652-1126, or you may contact us directly by calling (314) 652-1121. Thank you!

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Member ID:</b>
<b>Doctor Name:</b>	<b>DEA Nbr:</b>	<b>NPI Nbr:</b>
<b>Address:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Notes/Allergies:</b>		

Drug Name & Strength	Qty	Directions	Refills	Date
			<input type="checkbox"/> I Authorize New Script plus <u>12</u> Refills <input type="checkbox"/> Do Not Refill <input type="checkbox"/> Have Patient Contact My Office	
			<input type="checkbox"/> I Authorize New Script plus ____ Refills <input type="checkbox"/> Do Not Refill <input type="checkbox"/> Have Patient Contact My Office	
			<input type="checkbox"/> I Authorize New Script plus ____ Refills <input type="checkbox"/> Do Not Refill <input type="checkbox"/> Have Patient Contact My Office	
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			<input type="checkbox"/> I Authorize New Script plus ____ Refills <input type="checkbox"/> Do Not Refill <input type="checkbox"/> Have Patient Contact My Office	

**SUBSTITUTION PERMITTED**

**DISPENSE AS WRITTEN**

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