



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!

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

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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