

Prescription Referral Form

Fax: 1-844-489-9565 | Phone: 1-855-287-7888 | www.performspecialty.com

First ship to:
Patient
Physician Need by date:

Patient							
Patient name:							
Date of birth:			Height:	Weight:	lb	kg	
Address:			City:	State:	ZIP:	Ŭ	
Home number: Work number:			Cell number:	Best time to call	l: □ a.m. □ p.m.		
Social Security number: Language:							
Primary language: Allergies:				🗆 No known d	rug allergies (NKDA	.)	
Provider							
Physician name: Practice name:							
National Provider Identifier (NPI) number:			State license number:	State license number:			
Address:			City:	State:	ZIP:		
Drug Enforcement Administration (DEA) number (Optional for non-controls):			Phone:	Fax:			
Key office contact name:			Phone:				
Insurance*							
Primary insurance:			ID number:	Phone:			
Secondary insurance: BIN:			ID number: PCN:	Phone: Group No.:			
DIN: PCIN: *Please provide a copy of the insurance card (front and back). *							
Clinical information							
Diagnosis:	□ICD9:	□ ICD10:		Diagnosis Date:			
Current medications:				Diagnosis Date.			
Other pertinent past medical history and drug therapy:							
Previously treated: Ves No If yes, please list therapy: Dates:							
*Please attach copies of pertinent labs and clinical information in order to assist us in obtaining prior authorization approval.							
Prescription information							
Medication	Dose/Strength			Quantity	Refills		
Medication	Doserotiength	SIG			Quantity	Tellis	
Prescriber signature:	NE. I RESORIDER SIGNATOR	LIDATE PRESCRIPTIONS. (STAMPS NOT ACCEPTED) Prescriber signature:					
		Dete:	Substitution permitted/Branded exchange permitted Date:				
Dispense as written/Do not substitute		Date:			Dale.		
For states requiring handwritten expressions of product selection, use this area (e.g. medically necessary, may not substitute, dispense as written, etc.).							
Confidentiality Notice: This fax transmission, and any documents attached to it, may contain confidential and/or protected health information. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in or attached to his document is prohibited. If you have received this transmission in error, please immediately notify us by telephone at 855-287-7888 and destroy the original transmission and its attachements without reviewing, printing, copying, or otherwise saving them.							
© PerformSpeciality, LLC, PerformSpeciality® is a registered trademark of PerformRx, LLC.							