triessent™

General Use Fax Form

Prescription/Pharmacy Intake Form

Fax: 866.203.6010 Phone: 888.216.6710

PATIENT INFORMATION ☐ **NEW TO THERAPY** ☐ **THERAPY CONTINUATION**

Name: _____ ☐ M ☐ F Daytime Phone w/Area Code: _____

Address: _____ Evening Phone w/Area Code: _____

City: _____ State: _____ ZIP Code: _____ Cell Phone w/Area Code: _____

DOB: _____ Patient Weight: _____ Patient Height: _____ PCP Name: _____

Allergies: _____ PCP Phone w/ Area Code: _____

Deliver medication to: ☐ **Patient's home** ☐ **Prescriber's office** **Date needed:** _____ E-mail:_____ _____

INSURANCE INFORMATION (Please include copy of front and back of insurance card if possible):

Provider/Plan: _____ Phone w/Area Code: _____

Patient's ID #: _____ Patient's Group #: _____

Policyholder's Name (if not patient): _____

Secondary Insurance: _____ Phone w/Area Code: _____

Patient's ID #: _____ Patient's Group #: _____

Policyholder's Name (if not patient): _____

CLINICAL CRITERIA **REQUIRED Please check all that apply. (Fill in condition(s) when necessary)**

ICD-9 and Condition: ☐ _____ ☐ _____ ☐ _____

☐ _____ ☐ _____ ☐ _____

Rx INFORMATION

Medication	Form	Strength	Dose	Qty	Directions/Freq	Refills

Print Prescriber's Name: _____ Office Contact: _____

Practice Name: _____ State License #: _____

UPIN: _____ NPI:_____ DEA # _____

Address: _____ City:_____ State: _____ ZIP Code: _____

Phone w/Area Code: _____ Fax w/Area Code: _____

☐ **Substitution Permissible.*** In order for a brand-name product to be dispensed, the prescriber must handwrite BRAND NECESSARY or BRAND MEDICALLY NECESSARY in the space below.

_____

I certify that the above therapy is medically necessary and that the information above is accurate to the best of my knowledge.

Prescriber's Signature Required: _____ Date: _____

CONFIDENTIAL HEALTH INFORMATION: Health care information is personal information related to a person's health care. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Redisclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized redisclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.
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