

Customer Service: 866-406-4209

Referral and Patient Information Form

Patient Information Please type or print clearly.	Name		
	Date of Birth		
	Address		
	City	State	ZIP Code
	Home Phone w/area code		Work Phone w/area code
Insurance Information <input type="checkbox"/> Major Medical <input type="checkbox"/> Rx Benefit Please attach a copy of card(s) if possible.	Primary Insurer		
	Cardholder		
	Date of Birth		
	Cardholder ID #		Group #
	RxCARD ID #	RxBIN #	RXGroup #
	Phone w/area code		Fax w/area code
Medical Assessment	Diagnosis		ICD-9 Code
	Allergies		
Prescription	Amevive <input type="checkbox"/> Intramuscular (IM) 15 mg <input type="checkbox"/> Intravenous (IV) 7.5 mg <input type="checkbox"/> Directions _____ Quantity _____ Refill x _____		IMPORTANT: This is 1 of 2 documents required for an Amevive prescription. You also must submit a Patient Health Information Form. To be valid, the prescription must be faxed from a physician's office. Facsimile not valid for C-II prescriptions.
Physician Information <input type="checkbox"/> Please acknowledge receipt of this fax.	I certify that the above therapy is medically necessary and the information on this form is accurate to the best of my knowledge.		
	MD Signature (required)		Date
	Print MD Name		
	Form Faxed by		UPIN
	Address		DEA #
	City	State	ZIP Code
Phone w/area code		Fax w/area code	
Delivery Information (If different than physician's address.)	Administration Site		
	Address		
	City	State	ZIP Code
	Contact at Administration Site		
	Phone w/area code		Fax w/area code

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. 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. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.

IMPORTANT WARNING: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately.

Amevive is the property of Biogen Idec.



