



Patient Prescription Form  
Specialty Program  
**-CONFIDENTIAL-**



Please complete and fax to the following dispensing pharmacy  
**US Specialty Care**  
**PHONE: 800-641-8475 FAX: 800-530-8589**

**Physician Information** **Patient Information**

Physician's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 UPIN #: \_\_\_\_\_  
 State License #: \_\_\_\_\_  
 DEA #: \_\_\_\_\_

Patient's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: / / Sex:  M  F  
 Social Security #: \_\_\_\_\_  
 Daytime Telephone #: \_\_\_\_\_  
 Evening Telephone #: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Allergies \_\_\_\_\_

**Primary Insurance Information**

Insured's Name: **Suffolk County EMHP**  
 Relationship: \_\_\_\_\_  
 Identification Number: \_\_\_\_\_  
 WDRXGRP #: \_\_\_\_\_  
 \_\_\_\_\_

**Other Insurance Information**

Insurance Company: \_\_\_\_\_  
 Policy #: \_\_\_\_\_  
 Group #: \_\_\_\_\_  
 Insured's Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Date of Birth: / /

**Clinical Information**

Diagnosis Code: \_\_\_\_\_ Primary Diagnosis: \_\_\_\_\_  

Prescription Medications	Strength	Directions (Dose/Route/Frequency)	Quantity/Length
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

# of Refills: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form of Payment**

Form of Payment:  Check Enclosed  Bill me Later  Credit Card:  Visa  Master Card  Discover  American Express  
 Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Cardholder's Name: \_\_\_\_\_ Signature\*: \_\_\_\_\_

**Delivery Instructions**

Ship to:  Physician's Office If Other, please supply:  
 Patient's Home Address: \_\_\_\_\_  
 Other City: \_\_\_\_\_  
 Delivery Date: \_\_\_\_\_ Refill Date: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_