Carepoint™
A Pharmacy That Truly Cares

New Rx Fax Form

www.carepointrx.com
Fax: 855-237-9113 | Toll Free: 855-237-9112
E-Prescribe: NCPDP 1487330 | NPI 1598013864

PATIENT

PLEASE INCLUDE FACE SHEET & INSURANCE CARDS

Name _____ DOB _____ Phone _____

Address _____ City, State _____ Zip _____

MEDICAL ASSESSMENT

DATE: _____ Height & Weight: _____ Allergies: _____

ICD-10 code & description: □ _____ □ _____

PRESCRIPTION

□ Drug and Strength _____ Quantity _____ Refills _____

SIG _____

□ Drug and Strength _____ Quantity _____ Refills _____

SIG _____

□ Drug and Strength _____ Quantity _____ Refills _____

SIG _____

□ Drug and Strength _____ Quantity _____ Refills _____

SIG _____

□ Drug and Strength _____ Quantity _____ Refills _____

SIG _____

PROVIDER

PLEASE INCLUDE ALL CLINICAL NOTES

Prescriber Name _____ Phone _____ Fax _____

_____ (_____) _____

Prescriber Signature ***NPI or DEA*** ***In-Office Contact Person***

**By signing this form and utilizing our services, you authorize Carepoint and its employees to serve as your designated agent for handling prior authorizations and other medical and prescription insurance forms and communications*