HUMANA RightSourceRx

Physician Fax Form

206

Patient Information

Member ID (found on Humana ID card) -

Date of Birth / /

Gender
- Male
- Female

First Name

Last Name

M.I.

Street Number

Street Name

Apt/Suite #

City

State

ZIP Code -

Phone Number - -

Allergies:
- No Known
- Aspirin
- Codeine
- Penicillin
- Peanuts
- Sulfa
- Other _____

Prescriber Information

Prescriber First Name

Prescriber Last Name

M.I.

DEA Number

NPI Number

Street Number

Street Name

Suite #

City

State

ZIP Code -

Phone Number - -

Fax Number - -

RX

Prescription Information

Must be completed and faxed from Provider office - This is not valid for CII Medications.
We will dispense a 90 day supply unless quantity is otherwise noted.

	Drug Name and Strength	Directions	Quantity	# of Refills	Initial for DAW
1.					
2.					
3.					

Prescriber Signature _____ **Today's Date** _____ / _____ / _____

Please fax completed form with cover sheet to *Right*SourceRx: **1-800-379-7617**

For additional Physician Fax forms, go to **RightSourceRx.com**

GHC 19856A 12/09

PLEASE NOTE: It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. *Right*SourceRx will dispense an FDA-approved generic equivalent whenever available, when permitted by the prescriber and allowable by law. If you do not want a generic equivalent, please call our Customer Care Center to advise. It can take up to 48 hours to be entered into our system after your fax is received.