Attn: ________________

Phone: 1-888-315-3395
Fax: 1-800-546-2172

Today's Date: ________________________

Date Shipment Needed: ________________

Ship To: ☐ **Patient** ☐ **Physician** ☐ **Nursing needed** ☐ **Training needed**

Permission to contact pt: ☐ **Yes** ☐ **No**

* All the supplies including syringes and needles will be dispensed if needed.

GENERIC RX AND STOCK REPLACEMENT AUTHORIZATION FORM

General Information

Patient Name: ________________________	Physician Name: ________________________
Address: ________________________	Practice Name/Hospital: ________________________
City: __________ State: ________ Zip: ________	Address: ________________________
Home Phone: ________________________	City: __________ State: ________ Zip: ________
Work Phone: ________________________	Phone: ________________________
Cell Phone: ________________________	Fax: ________________________
Soc. Sec #: _____ - ______ - ______ Date of Birth: __________	State Lic #: ______________ DEA #: ____________
Allergies: ________________________	NPI #: ________________________
Weight: ________ Height: ________ Sex: ☐ Male ☐ Female	Nurse/Key Office Contact: ________________________

Insurance Information

Primary Insurance: ______________	Cardholder Name: ______________	Secondary Insurance: ______________
Employer: ______________	ID#: ______________	ID#: ________ Group#: ________
Phone: ______________	Group#: ______________	Phone: ______________

Statement of Medical Necessity

Primary Diagnosis: ________________________ ________________________	ICD 9 Code: ________________________

Prescription Information

Drug to be administered from (on): ____________ **Or** was administered on: __________and to be replaced to physician's office

R$_x$

*If you would like brand name, please write Medically Necessary.
Please note that Axium will dispense our formulary product unless otherwise specified.

Physician Signature: ____ **Date**: ____________________

IMPORTANT NOTICE: This transmission may contain confidential health information that is legally protected. As you are obligated to maintain it in a safe and confidential manner, unauthorized re-disclosure or a failure to maintain the confidentiality of the information contained herein could subject you to penalties under state and federal law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination or copying of this communication is strictly prohibited.