

# BRAND SCRIPTS

EMPLOYEE PROGRAM

## DOCTOR'S OFFICE FAXED MEDICATION ORDER

CRX Intl. Toll free phone: 1-866-488-7874 Toll free fax: 1-866-215-7874

### PATIENT

First Name Initial Last Name Phone (Home)

### PROVIDER

U.S. Physician Name Phone Fax

Street Address City, State, Zip Code

### PLEASE ANSWER THE FOLLOWING AS IT APPLIES TO THIS PATIENT:

1. Has this Patient been taking this medication (s) for at least 30 days? YES  NO
2. If the answer to Question # 1 was "No" (ie. This is a new prescription (s)), has this Patient shown that they can tolerate this medication (s)? YES  NO

Indicate any change in health or existing medications.

Birthdate

DD/MM/YYYY

### ALL PRESCRIPTIONS SHOULD ACCOMPANY THIS FORM

#### IF FAXING FROM YOUR DOCTOR'S OFFICE:

- MAKE SURE YOUR DOCTOR ATTACHES ALL MEDICATION ORDERS TO ONE FORM.
- ***CanaRx ONLY ACCEPTS FAXES SUBMITTED FROM PROVIDER'S OFFICES; ALL FAXES SENT FROM OTHER LOCATIONS WILL BE RETURNED AND YOUR ORDER WILL NOT BE FILLED.***
- Your ORIGINAL prescription (s) should remain with your prescribing physician.
- Number of prescriptions attached\_\_\_\_\_

#### IF MAILING:

Please forward your ORIGINAL prescription (s) with this form to:

BRAND SCRIPTS  
P.O. Box 44650  
Detroit, MI 48244-0650

If you or your doctor have any questions, please contact CRX Customer Service at 1-866-488-7874 toll free.

Patient Name (Print)

Patient Signature (Parent/Guardian if Patient is under Age 18)

Date