

CIGNA Specialty Pharmacy Services General Fax Order Form



Please deliver by: _____

Requests received after 4 p.m. CT will begin processing the following business day.

Fax: 1.800.351.3616

Phone: 1.800.351.3606

Order #: _____

Referral Source Code:652

PATIENT INFORMATION (Please Print)		PHYSICIAN INFORMATION	
PATIENT NAME:		DATE OF BIRTH :	
HEALTH CARE ID #:		GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	
HOME PHONE:		ALT PHONE:	
ADDRESS: (Street) (City) (State) (Zip Code)		SHIP MEDICATIONS TO: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Member's Home Please note we are required to ship all Medicare orders to the patient directly. Please provide all available patient phone numbers in Patient Information section at left. This is REQUIRED for scheduling delivery.	
ALLERGIES: <small>If no allergies are specified, for new customers this indicates no known allergies and for existing customers this indicates no change from information provided to CIGNA Specialty Pharmacy previously.</small>		*Is your fax machine in a secure location? <input type="checkbox"/> Yes <input type="checkbox"/> No *May we fax our response to your office? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PRESCRIPTION INFORMATION				
MEDICATION	STRENGTH	DOSE and DIRECTIONS	QUANTITY	REFILLS

SUPPLIES NEEDED (if medication is to be administered in patient's home):
 If checked, please specify the size and type (if applicable):
 If needing diluent to mix the vial, please provide name of diluent and amount to dilute each vial. Quantity and refill will be sufficient for prescription.
 Syringes/Needles Swabs Sharps Container Other

PLEASE INCLUDE DOCUMENTED PROGRESSION OF DISEASE/PRIOR THERAPIES FOR JUSTIFICATION FOR THE DRUG:
 Please specify the diagnosis and ICD-9 code:
 Formulary alternatives tried:
 What past conventional therapies (if any) has the patient tried?
 Additional pertinent information:

PHYSICIAN'S PRINTED NAME: _____ DATE: _____

PHYSICIAN'S SIGNATURE: (Physician's signature indicates accuracy and completeness of prescription information)

PHYSICIAN'S UPIN #:
 UPIN # is required for all Medicare requests

In order for a brand name product to be dispensed, the prescriber must handwrite "**Brand Necessary**" or "**Brand Medically Necessary**" on the prescription

"CIGNA Tel-Drug" and the "Tree of Life" logo are registered service marks, and "CIGNA Specialty Pharmacy" is a service mark, of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries, including Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C., and not by CIGNA Corporation. "CIGNA Tel-Drug" and "CIGNA Specialty Pharmacy" refer to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. AFDDS Electronic Form - General Rev. 12/11