

## 1 Instructions

- Please complete the fields below and have your physician complete the Physician Section.
- Once completed, your physician can either: Fax this form to **1-800-491-7997**, **OR** call your new 90-day prescription in to **1-800-791-7658**, **OR** you can choose to return this form by mail to the address below.  
**PLEASE NOTE: THIS FORM IS VOID UNLESS SIGNED BY YOUR PHYSICIAN.**
- Standard delivery is included at no charge. Most orders are shipped via USPS and should arrive in about 7 days from the date your completed order is received. If clarification of your order is required, delivery time may be longer.

Last Name		First Name		MI	Member ID Number	
Delivery Address						Apt. #
City		State	ZIP	Phone Number with Area Code		
Date of Birth (mm/dd/yyyy)		Email				

### Notes to Pharmacy:

**Keep on file. Do not ship.** If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:

### Method of Payment:

- Please charge my credit card on file.  
 Check Enclosed (make payable to: OptumRx).     HOLD for LATER (Check only if you do NOT want this medication filled now).

## 2 Physician Section

- Your patient would like to transfer the below RETAIL prescription to their **90-day** Mail Service Pharmacy.
- Please call **1-800-791-7658** to order by phone or complete the required fields below. Then sign, date and either FAX to OptumRx at **1-800-491-7997** or return the signed form to your patient to submit by mail.

Patient Name			Date of Birth (mm/dd/yyyy)	
Retail Medication	Quantity of Last Fill	Last Fill Date	Retail Pharmacy	Rx #

### Required → New Qty:

### Required → Directions:

**Required → Refills:**  1 Yr  0     1     2     3     Other: \_\_\_\_\_

Physician Name		Office Phone Number with Area Code		
Street Address		Fax Number with Area Code		
City, State, ZIP		NPI	DEA	
<b>Physician Signature</b>		<b>Date</b>		

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