

**McKESSON***Empowering Healthcare*McKesson Specialty Pharmaceuticals  
Customer Service Phone:  
1-888-456-7274**INJECTABLE DRUG REQUEST FORM****Fax to 4D for Prior Authorization: 248-282-0471****Date Needed:** \_\_\_\_\_ (MM / DD / YY)**PATIENT INFORMATION**

Patient Name (First):	Last:	M:	DOB (mm/dd/yy):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Patient Address:		City:	State:	Zip:
Daytime Phone:		Evening Phone:		
Primary Language:	Best time to contact patient:			

**INSURANCE INFORMATION**

PLEASE SEND COPIES OF BOTH SIDES OF THE INSURANCE CARD WITH THIS FORM.

Insured's Name:	Insured's SSN:	Insured's Employer (if known):
Insurance Name:	Insurance Address:	
Insurance Phone #:	ID # on Insurance Card:	Group #:
Name of Specific Plan:	Prior Authorization:	Valid Through:

**PRESCRIPTION INFORMATION**

Drug:	Dose: _____ mg	Quantity:
Sig:	Stop Date:	Refill _____ months
ICD-9 Code:	Physician Signature:	<input type="checkbox"/> Generic substitution permissible <input type="checkbox"/> Dispense as written

**SHIPPING INFORMATION****PATIENT MEDICAL INFORMATION**

Ship to: <input type="checkbox"/> Physician's Office <input type="checkbox"/> Patient's Home <input type="checkbox"/> Other: _____ _____ _____	Allergies: _____ _____ Current Medication Profile: drug/dose/directions _____ _____ _____
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**PHYSICIAN INFORMATION**

Physician Name:	Specialty:	
Physician Address (include all suite, bldg. #'s, etc.):		
Contact Name:	Phone # (include ext.):	Secure Fax #:
Physician UPIN #:	License #:	DEA #:

**(If physician's shipping or billing addresses are different from above, please attach on a separate sheet)**

Refrigerated prescriptions are shipped Mon.-Thurs. via standard overnight service. Non-refrigerated prescriptions are shipped Mon.-Fri. via 2-business day delivery. Saturday delivery requires approval from a McKesson pharmacist. For refills, please call-in or fax 7 days in advance of next appointment.

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