

BEHAVIORAL HEALTH RX ORDER FORM

PATIENT INFORMATION		PRESCRIBER INFORMATION		
Last Name, First Name	Today's Date	DEA #		
SSN	Prescriber Name	NPI #		
Home Phone Number	Other Phone Number	Address	City, State	Zip
Home Address	City, State	Zip	Phone Number	Fax Number
Shipping Address (if different from home address)		Name of Office Contact		
		Preferred Contact Method (check one) <input type="radio"/> Email <input type="radio"/> Phone <input type="radio"/> Fax		

CLINICAL INFORMATION

Drug allergies (if applicable):

COMPLETE BELOW OR FAX FRONT AND BACK COPIES OF INSURANCE, PRESCRIPTION AND/OR CO-PAY ASSISTANCE CARD(S)

INSURANCE

Rx ID		
RXGRP#	RXBIN#	RXPCN#

Rx/ Drug	Strength/Dose	Directions	Qty	Refills
<input type="radio"/> Invega Sustenna				
<input type="radio"/> Invega Trinza				
<input type="radio"/> Invega Hafyera				
<input type="radio"/> Abilify Maintena <input type="radio"/> PFS <input type="radio"/> Vial Kit				
<input type="radio"/> Risperdal Consta				
<input type="radio"/> Perseris				
<input type="radio"/> Aristada				
<input type="radio"/> Fluphenazine Decanoate				
<input type="radio"/> Haloperidol Decanoate				

Prescriber Signature:	DATE: _____ / _____ / _____
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Note: The information contained in this document will become a legal prescription. Prescriber is to comply with his/her state specific Pharmacy and Medical Board guidelines such as e-prescribing, state specific prescription form, fax language, number of prescriptions allowed on a single prescription form, etc. If more than one page is required, make additional copies. Non-compliance with state specific requirements could result in outreach to the prescriber.
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Please FAX completed prescription order to WeCare Specialty Pharmacy at 540-878-5048.
 516 Fletcher Drive, Warrenton, VA 20186 / Info@WeCarePharm.com / Phone: 540-422-2968