



# DUNCAN

## SPECIALTY PHARMACY

### IUD Prescription Request Form

Fax: 270-251-3571

270-247-6033

Phone: 270-247-3725

Web: [www.duncanrxcenter.com](http://www.duncanrxcenter.com)

#### Patient Demographic Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Patient Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Patient Insurance Information

Insurance ID: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_ SSN: \_\_\_\_\_

#### Prescriber Information

Prescriber Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_ License #: \_\_\_\_\_  
 DEA #: \_\_\_\_\_ NPI #: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Prescriber Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Office Contact Person: \_\_\_\_\_ Office Contact Phone: \_\_\_\_\_ Office Contact Email: \_\_\_\_\_

Ship to address (If different than above): \_\_\_\_\_

#### **PRESCRIPTION INFORMATION (Please mark)**

	Product Name	Qty	SIG	Requested Delivery Date	Scheduled Placement Date
<input type="checkbox"/>	LILETTA	1	To be inserted by prescriber		
<input type="checkbox"/>	KYLEENA	1	To be inserted by prescriber		
<input type="checkbox"/>	MIRENA	1	To be inserted by prescriber		
<input type="checkbox"/>	PARAGARD	1	To be inserted by prescriber		
<input type="checkbox"/>	SKYLA	1	To be inserted by prescriber		

By signing this form & utilizing our services, you are authorizing Duncan Specialty Pharmacy & its employees to serve as your prior authorization designated agent in dealing with medical & prescription insurance companies. In the event that this pharmacy determines that it is unable to fulfill this prescription, I further authorize this pharmacy to forward this information and any related materials to another pharmacy of the patient's choice or within his/her provider network.

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT NOTICE:** This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error & then destroy this document immediately.