

Complete and fax to: Hospitality Rx (877) 245-0875 or call (844) 484-4726

1: Member Information

Last name	First name	Date of birth (month-day-year)	Member ID
-----------	------------	--------------------------------	-----------

2: Physician Information

Physician Name	NPI #	Phone #	Fax #
Action Needed ☐ Urgent ☐ For review <i>Only mark urgent if patient's life or health is in jeopardy or patient is in severe pain.</i>	Pharmacy Contact Name	Pharmacy Phone #	Pharmacy Fax #

3: Drug Information

Drug name	Quantity	ICD-10	Duration of therapy
Directions			
Diagnosis			

4: Physician Signature

Signature	Date
-----------	------

The information contained in this facsimile message, including the attachments, may be privileged, may constitute inside information and is intended only for use of the addressee. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited and may be unlawful. If you have received this communication in error, please immediately notify me by replying to this message and destroy the original message.