CareMed
Pharmaceutical Services

Phone: 516.355.2273 Fax: 516.326.2273

CareMed Prescription Form

OncoCare
HepaCare
HemaCare
NeuroCare
RheumaCare
ImmunoCare

Patient Information

Last Name	First Name	SSN	DOB
Home Address	City	State	Zip
Home Phone	Work Phone	Parent/Guardian	
Shipping Address	City	State	Zip
Other Pertinent Information			

Pharmacy Insurance Information

Primary Insurance:	Rx Bin:	Secondary Insurance:	Rx Bin:
ID Number:	Group Number:	ID Number:	Group Number:

Physician Information

Prescriber Name:	Licence:	DEA:			Office Contact:
Address:	City:	State:	Zip:	Phone:	Fax:

Diagnoses Information

Primary Dx:	ICD-9:	Secondary Dx:	ICD-9:

Medications *(You may tape Prescription here prior to faxing)*

Medication	Strength	Directions	Quantity	Refills

Delivery Information

Today's Date:	Date & Time Needed:	Deliver to: ☐ Patient's Home ☐ MD Office/Clinic ☐ Patient's Work ☐ Other:

PRESCRIBER'S SIGNATURE REQUIRED

MD / NP / PA Signature: _____