



PATIENT ENROLLMENT FORM

Fax Completed Form to: 281 789-4341

PRESCRIBER INFORMATION

Name	Phone	NPI
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PATIENT INFORMATION

Patient Name	DOB / /	SSN
Delivery Address		
Contact Number	Secondary Number	
Email	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ready Text Reminder? <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies	Medical Condition:	Delivery Status <input type="checkbox"/> Yes <input type="checkbox"/> No

Current Medication(s)

PATIENT PHARMACY INSURANCE INFORMATION

<input type="checkbox"/> Private Insurance	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare Part D	<input type="checkbox"/> Cash
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PATIENT INSURANCE CARD INFORMATION

Rx BIN:	Rx PCN:	Rx ID:	Rx Group:
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PRESCRIPTION(S)

<input type="checkbox"/> Faxed with this form	<input type="checkbox"/> Faxed Separately	<input type="checkbox"/> Phoned In	<input type="checkbox"/> E-prescribed
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IV RX PHARMACEUTICALS can only accept faxed or called-in prescriptions directly from a prescriber's office, original prescriptions from patients.

33300 Egypt Lane Suite I-100 Magnolia TX 77354 281 789 4228