Jersey Shore Pharmacy

GENERAL REFERRAL FORM

580 N. Main Street • Barnegat, NJ 08005
Phone: 609-660-1111 • Fax: 609-660-0101

Today's Date

☐ CURRENT PATIENT
☐ NEW PATIENT

Patient Name_____ Date of Birth_____
☐ Male ☐ Female SS#_____ Language_____
Address_____ Apt #_____
City_____ State_____ ZIP_____
Phone_____ Cell_____ Email_____
Allergies_____
Ship to Patient at ☐ Home ☐ Work
OR Patient will pick up at ☐ Jersey Shore Pharmacy ☐ Physician Office

Insured's Name_____
Relation to Patient_____
Eligible for Medicare? ☐ Yes ☐ No If yes, Medicare#_____
Prescription Card ☐ Yes ☐ No If Yes, Carrier_____
Phone_____ Fax_____
Policy/Group#_____
Bin#_____ Pcn#_____
RXID#_____ RX Group#_____

ICD-10 Code_____ Diagnosis _____
Testing? ☐ Yes ☐ No Results:_____
Is the patient currently on therapy? ☐ Yes ☐ No Date of next blood work:_____

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

MEDICATION #1_____
Dosage_____ SIG_____ QTY _____ Refills_____

MEDICATION #2_____
Dosage_____ SIG_____ QTY _____ Refills_____

MEDICATION #3_____
Dosage_____ SIG_____ QTY _____ Refills_____

MEDICATION #4_____
Dosage_____ SIG_____ QTY _____ Refills_____

MEDICATION #5_____
Dosage_____ SIG_____ QTY _____ Refills_____

Prescriber's Name / Practice _____ Office Contact_____
Address_____ Suite#_____ City_____ State_____ ZIP_____
Phone _____ Fax_____ Email_____
License#_____ NPI#_____ UPIN#_____ DEA#_____

Prescriber's Signature (signature required. NO STAMPS) _____ **Date**_____

By signing this form and utilizing our services, you are authorizing Jersey Shore Pharmacy and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

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 and then destroy this document immediately.

Please fax completed form to **JERSEY SHORE PHARMACY** at **609.660.0101**

Visit us at **WWW.JERSEYSHORE.PHARMACY** for online fillable forms.

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