

**WSP Mail Order Pharmacy Prescription Form**

Ph# 866-740-2539

Fax# 877-709-1694

**MEMBER INFORMATION**

Member ID:	Date:
Patient Name:	Date of Birth:
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Shipping Address:	
City:	State: Zip Code:
Phone Number:	
Allergies: <input type="checkbox"/> No Known <input type="checkbox"/> Aspirin <input type="checkbox"/> Codeine <input type="checkbox"/> Penicillin <input type="checkbox"/> Peanuts <input type="checkbox"/> Sulfa <input type="checkbox"/> Other	

**Prescription Information**

Fax the completed form from the provider office. This is not valid for CII prescriptions. Please make sure the quantity is for a 90 day supply unless otherwise noted.

*Our Promise: We will never auto-ship medications, and will verify all prescription with member before shipping.*

Rx	Drug Name & Strength	Directions	Quantity	# of Refills	DAW
1.					
2.					
3.					
4.					
5.					
6.					

IMPORTANT NOTICE: It is standard pharmacy practice to substitute generic equivalents for brand name medications. WSP Mail Order Pharmacy will dispense an FDA-approved generic equivalent whenever available, when permitted by the prescriber and allowed by law. If you do not want a generic equivalent or have questions regarding your mail order prescription, please call customer service at 866-740-2539.

**Prescriber Information**

MD/ARNP Name:	DEA#
	NPI#
Address:	
City:	State: Zip:
Phone#	Fax#
<b>MD/ARNP Signature:</b> _____	

IMPORTANT WARNING: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately.