

Please allow 72 hours for request to be completed. Call 303-602-2070 or 877-357-0963 with questions. For urgent after-hours requests, please call the MedImpact help desk at 800-788-2949. All fields must be completed in order to process this request form. Please print legibly.

Once completed, fax form to 303-602-2081.

PATIENT INFORMATION (may be completed by pharmacy staff if applicable)				Date Initiated: 	
Last:		First:		Sex: M F	
Insurance#:	Medical Record #:	Date of Birth: 	Phone #: () -		
Drug:	Generic OK?	Yes	No	Strength:	Qty:
Rx Directions:					
Prescriber:			DH Staff Provider? Yes No		Clinic Fax #:
To be filled at: Webb Pharmacy Central Fill (mail order) Eastside La Casa Pharmacy Westwood Montbello Park Hill Lowry Westside Pharmacy Outpatient Medical Center Pharmacy (OMC) DH Discharge Pharmacy Pena Other					
CLINIC PORTION (may be completed by provider or other designated individual)					
New Request		Renewal Request		Urgent (Life Sustaining Only)**	
Attending Resident		Fellow		Pager:	
Contact Person:		Phone #: () -		Clinic Name:	
Contact Person:		Phone #: () -		Clinic Fax #:	
Patient diagnosis:					
How long will patient be on this med?					
Will drug need to be titrated?			Yes	No	If yes, what doses?

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CLINIC PORTION (may be completed by provider or other designated individual)

Please provide clinical documentation for medical rationale/necessity (i.e. encounters, lab, radiology, etc.) and also list all other medications the patient has tried for this diagnosis and duration of use.

Is the patient currently receiving this drug?
Yes No

If yes, greater than 30 days? Yes No