Specialty Medication Request Form

For NY State Prescribers, please only fill out 1 prescription per Medication Request Form. Wegmans Pharmacy does not accept faxed prescriptions from patients.

A. Patient Information

First Name:	Last Name:		DOB:
Address:	City:	State:	Zip Code:
Home Phone:	Cell Phone:	Height:	Weight:
Allergies:			

B. Insurance Information

Member ID #:	BIN:	PCN:	Group:	Phone #:

C. Physician Information

First Name:	Last Name:	NPI:		Phone:
Address:	City:	State:	Zip Code:	Fax:

D. Prescription

Indication: **Patient Weight:**

Medication, Dose, and Directions: **Qty:** **Refills:**

Directions Provided by Prescriber:

E. Prescriber Signature: Prescriber, please sign and date below

Prescriber Signature:	Date:

This prescription will be filled generically unless prescriber writes 'DAW' in box

Dispense as Written

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