ALLIED PHARMACY

WORKERS' COMPENSATION PHARMACY SERVICES

PRESCRIPTION REFERRAL FORM

FOR WORKERS' COMPENSATION PATIENTS

SEND US THE PRESCRIPTION. WE'LL HELP WITH THE REST.

E-PRESCRIBE TO ALLIED

Search for our pharmacy using:

Pharmacy Name	NPI #	NCPDP #
Allied Pharmacy	**1710611686**	**5937214**

FAX REFERRAL + PRESCRIPTION

855-595-2955

Secure and confidential.

CALL OUR PHARMACY TEAM

832-365-3420

Questions? We're here to help.

1 PATIENT INFORMATION

Patient Name: _____

Date of Birth: ____ / ____ / ____ ☐ Male ☐ Female

Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

2 WORKERS' COMP INFORMATION

Date of Injury: ____ / ____ / ____

Employer Name: _____

Employer Phone: _____

Insurance Carrier: _____

Claim Number: _____

Adjuster / Case Manager: _____

Adjuster Phone: _____ Fax: _____

Adjuster Email: _____

☐ Claim information not available — please assist with verification.

3 PRESCRIPTION INFORMATION

☐ Prescription attached / faxed with this referral **OR** Please complete below:

Medication Name	Strength	Directions (SIG)	Quantity	Refills

Allergies: _____

Additional Notes: _____

4 PRESCRIBER INFORMATION

Provider Name: _____

Practice / Facility Name: _____

NPI: _____ DEA (if applicable): _____

Phone: _____ Fax: _____

Contact Person: _____

Email: _____

Provider Signature: _____ Date: _____

WORKERS' COMP EXPERTISE

Experienced in handling workers' compensation prescriptions.

CLAIM & COVERAGE COORDINATION

We help verify information and coordinate with claims contacts.

CONVENIENT PATIENT DELIVERY

Medication delivery available for eligible workers' comp patients.

RESPONSIVE PHARMACY SUPPORT

A dedicated team is available to assist your office with questions or issues.

Local Pharmacy.

DEDICATED TO TEXAS PROVIDERS.

ALLIED PHARMACY
WORKERS' COMPENSATION PHARMACY SERVICES
1201 Creekway Dr., Suite C | Sugar Land, TX 77478

SCAN TO VISIT OUR WEBSITE

www.alliedscripts.com