



FutureScripts® Direct Ship Specialty Pharmacy Vaccine Program For Personal Choice® and Keystone Health Plan East Members

Fax to: 215-761-9165

Patient information

Today's date: _____ Date needed: _____
Member name: _____
Address: _____
City: _____ State: _____ ZIP: _____ Day phone: _____
Member ID #: _____ Evening phone: _____
Date of birth: ____/____/____ Male Female
Deliver product to: Physician's office Member's home
 Is vaccine being administered by physician? Yes No
 Pick up at retail pharmacy (if applicable)

Physician information

Physician's name (please print): _____
Office contact: _____ Office contact phone #: _____
Address: _____
City: _____ State: _____ ZIP: _____
Office phone #: _____ Office fax #: _____

Prescribed injectable request

Vaccine drug name: _____ Strength: _____ Date: _____
Signature: _____
Dispense quantity: _____ Refills: _____
Diagnosis: _____ ICD-9 code: _____
Phys. license #: _____ DEA #: _____
Physician signature: _____
Substitution permissible Dispense as written

For internal use only

INFO doc #: _____ Date rec: _____ Pharmacy: Standard Rx Select Rx
LOB: _____ Billing code: _____ Vendor: Medical Medical continuation hist.
Authorization #: _____ From: _____ to _____ New member:

November 2009

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield. Independent licensees of the Blue Cross and Blue Shield Association.