



Mail Service Pharmacy Fax # 1-800-378-0323



## FastStart® New Prescription Fax Form

**This form can only be used for non-controlled drugs**

If you would like to send a maintenance prescription to CVS Caremark Mail Service Pharmacy for your patient, please complete this form and fax it to the number above or ePrescribe (see step 4).

### Step 1: Patient Information

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

CVS Caremark  
Member ID#: \_\_\_\_\_

Prescription  
Benefit Provider \_\_\_\_\_

Allergy Information: \_\_\_\_\_

### Step 2: Prescription Information

Prescription Date: \_\_\_\_\_

DRUG NAME	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
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- |          |       |       |                  |                 |
|----------|-------|-------|------------------|-----------------|
| 1. _____ | _____ | _____ | 90 days or _____ | 1 year or _____ |
| 2. _____ | _____ | _____ | 90 days or _____ | 1 year or _____ |
| 3. _____ | _____ | _____ | 90 days or _____ | 1 year or _____ |

Prescriber signature: \_\_\_\_\_ Prescriber signature: \_\_\_\_\_

May substitute

Dispense as written

Transmitted by: \_\_\_\_\_

(Full name if other than physician)

### Step 3: Physician Information Required

Dr. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

NPI #: \_\_\_\_\_ DEA #: \_\_\_\_\_

### Step 4: Fax this form to 1-800-378-0323

Or e-Prescribe to CVS Caremark Mail Order Electronic, NCPDP ID 322038  
9501 East Shea Blvd, Scottsdale, AZ 85260

**This fax will only be accepted when sent from a prescriber's secure fax line.**

If you are not the intended recipient of this fax, you are hereby notified that any copying or distribution is prohibited. If you have received this fax in error, please notify us by phone at \_\_\_\_\_.

The recipient of this fax may make a request to opt out of receiving telemarketing fax transmissions from CVS Caremark. To do so, the recipient may call 877-265-2711 and/or fax the opt-out request to 401-652-0893, 24 hours a day/7 days a week, or send an email to "do\_not\_call@cvscaremark.com". An opt out request is only valid if it identifies the number to which the request relates, and if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within 30 days of receipt.