HELPING RESTORE ABILITY
A Non Profit Serving Texans with Disabilities

General Referral Form Fax
to: (817) 466-3608

HIGHPOINT Pharmacy
800 W. Arbrook # 140 Arlington, TX 76015
Phone: **(866)466-3607**

• **Date:** • **Date Needed:** • **Ship To:** ☐ Patient ☐ Office

PATIENT INFO

Name: _____ DOB: _____ ☐ Male ☐ Female
Address: _____ City, State, Zip: _____
Telephone: Other Phone: SS#:

INSURANCE INFORMATION: ***PLEASE FAX COPY OF INSURANCE CARD (FRONT & BACK)***

Primary Insurance: **BIN :** **PCN:** **ID#** **Name of Insured** **Phone:**

Secondary Insurance: **BIN :** **PCN:** **ID#** **Name of Insured** **Phone:**

Primary Diagnosis: (ICD-10 Code & Description):

PRESCRIPTION INFORMATION

☐ **Medication:** _____ QTY: _____ Refills: _____
Sig: _____

☐ **Medication:** _____ QTY: _____ Refills: _____
Sig: _____

☐ **Medication:** _____ QTY: _____ Refills: _____
Sig: _____

☐ **Medication:** _____ QTY: _____ Refills: _____
Sig: _____

☐ **Medication:** _____ QTY: _____ Refills: _____
Sig: _____

☐ **Medication:** _____ QTY: _____ Refills: _____
Sig: _____

Injection Training

☐ Patient has received injection training ☐ Physician's office to provide injection training ☐ Pharmacy to coordinate injection training

PRESCRIBER INFORMATION

Prescriber's Name: _____ Contact person: _____
Telephone: _____ Fax: _____
Office Address: _____ City: _____ State: _____ Zip: _____
NPI#: _____ UPIN#: _____ Medicaid Provider #: _____

_____ _____
Prescriber's Signature (DATE) ***If brand drugs are preferred, handwrite "Brand Medically Necessary" above***

I authorize the Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.