



800 Biermann Ct | Mount Prospect, IL 60056 | T: 844-238-4761 F: 855-296-0210

Date: 02/11/2022

Prescriber's First and Last Name: BONNY MOORE

Patient's First and Last Name: _____

Patient's ID: _____

Patient's Date of Birth: _____

Dear Prescriber:

Your patient, listed above, has informed us that we are to begin providing medication to them. The patient has stated that they are to receive Zejula however, we have no prescriptions on file for this medication.

Please fax a prescription for this patient to

855-296-0210

To phone in a prescription to a pharmacist, call 866-388-7656

Thank you,

CVS|Caremark Specialty Pharmacy Care Team

CONFIDENTIALITY NOTICE: This fax may contain confidential and privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this fax in error and that any review, disclosure, dissemination, distribution or copying of its contents is prohibited. If you have received this fax in error, please notify the sender immediately and destroy all copies of this communication.

CVS
CAREMARK | 800 Biermann Ct | Mount Prospect, IL 60056 | T: 844-239-4761 F: 855-296-0210

Date: 02/11/2022

Prescriber's First and Last Name: BONNY MOORE

Patient's First and Last Name: [REDACTED]

Patient's ID: [REDACTED]

Patient's Date of Birth: [REDACTED]

Dear Prescriber:

Your patient, listed above, has informed us that we are to begin providing medication to them. The patient has stated that they are to receive Lenvima however, we have no prescriptions on file for this medication.

Please fax a prescription for this patient to

855-296-0210

To phone in a prescription to a pharmacist, call 866-388-7656

Thank you,

CVS|Caremark Specialty Pharmacy Care Team

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