

General Referral Form

Phone: 1.877.453.4566 Fax: 1.866.537.0877 Email: Specialty@walmart.com

1. Patient information: Patient's name: _____

DOB: _____ Male _____ Female _____ Street address: _____ City: _____

State: _____ State: _____ Home phone: _____ Cell phone: _____

Email: _____ Patient's primary language: _____ Weight (lb/kg): _____

Height (in/cm): _____ Allergies: _____

Primary insurance co: _____ Phone: _____ Policy # _____

Group#: _____ Secondary insurance co: _____ Phone: _____ Policy#: _____

Group#: _____ **(please attach copy of patient insurance cards)** Guardian/Caregiver (if applicable): _____

2. Prescriber information: Prescriber's name/Title: _____

Phone: _____ Fax: _____ Office contact/Faxed by: _____

Email: _____ NPI/DEA #: _____ Deliver to: Office Patient

Prescriber address: _____ Date: _____

Prescriber signature: _____

Prescriber must manually sign. This prescription is valid only if transmitted by facsimile machine by a licensed prescriber.

3. Prescriber information: Please prescribe all necessary Loading/Maintenance/Concomitant/Premedication orders as well.
To prevent generic substitution, Prescriber to handwrite "Brand medically necessary" and sign here: _____

Medication	Strength/Formulation:	Directions:	Quantity/Refills:
_____	_____	_____	QTY: _____ Refills: _____
_____	_____	_____	QTY: _____ Refills: _____
_____	_____	_____	QTY: _____ Refills: _____
_____	_____	_____	QTY: _____ Refills: _____
_____	_____	_____	QTY: _____ Refills: _____
_____	_____	_____	QTY: _____ Refills: _____

4. Clinical information: ICD 10 code: _____ Description: _____

New to therapy _____ Currently on therapy _____

Loading dose needed? _____ Strength of last dose: _____ Date of last dose: _____

Samples provided _____ Injection training provided by physician Yes No

Concurrent medications: _____

Previous therapies: _____ Other: _____

****Please send all available chart notes, labs and medication Lists****

5. Complete the following information if Walmart SPEC is to supply any ancillary supplies:

Supplies such as needles, syringes, sterile water, etc. as needed for administration: Syringe 1mL

Needle 18g 1.5"	Syringe 3mL	Syringe 10mL	Needle 18g 1"	QS: _____
Needle 25g 1.5"	Needle 22g 1.5"	Needle 25g 5/8"	Needle 25g 1"	PRN refills: _____
32Gx4mm Pen Needle	Needle 27g 0.5"	Syringe _____ mL		
32Gx4mm Pen Needle	31Gx5mm Pen Needle	31Gx8mm Pen Needle	Alcohol pads:	Sharps Container:
Other: _____				
QS: _____	PRN refills: _____			

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