**GEM Edwards Pharmacy**
5640 Hudson Industrial Pkwy
Hudson, OH 44236-5011
Phone: (866) 552-5522 Fax: (844) 705-0156

# URGENT Prescription Order Request

**Date:** _____

**Patient Name:** _____ **Patient DOB:** _____

**Patient Phone:** _____

**Patient Address:** _____

**Physician Name:** _____

**Practice Phone:** _____ **Physician Fax Number:** _____

**Practice Address:** _____

## Indicate any/all that are applicable

ALL columns MUST have applicable patient directions

Rx: **InPen For Novolog/Fiasp Blue/Pink/Grey (Select One)**

**OR**

**InPen for Humalog Blue/Pink/Grey (Select one)**

Sig:

Use as directed with insulin cartridges

Qty: _____pen(s)

Refills: _____

**Novolog Cartridges**

**or**

**Fiasp Cartridges**

**or**

**Humalog Cartridges**

Sig:

Max Daily Dose:_____

Qty: _____box of 15mL

Refills: _____

**Pen Needles**

**Nano (32G x 4mm)**

**Micro (32G x 6mm)**

**Mini (31G x 5mm)**

**Short (31G x 8mm)**

Sig:

Use to inject _____ times daily

Qty: _____box of 100ea

Refills: _____

ICD-10 Diagnosis Code: _____

**Signature:** _____

**Print Name:** _____ **Date:** _____

NOTE: This prescription request is being sent on behalf of your patient. Please complete the required fields and return to GEM Edwards Pharmacy at the fax number stated above. By signing above, provider acknowledges that GEM Edwards Pharmacy may submit necessary Prior Authorization information to patient's third-party prescription insurance for above prescription medications/devices. If there are any questions regarding this request, please call our pharmacy at 1-866-552-5522. Thanks.