



Mail Service Pharmacy Prescription Form

Phone: 475-231-8563

Please fax completed form to Exactus Pharmacy Solutions Mail Service: 475-231-8563.

Member Information

Member ID, Patient Name, Gender, Shipping Address, City, State, Zip, Phone Number, Allergies

Prescription Information

Fax the completed form from the provider office. This is not valid for CII prescriptions. Please make sure the quantity is for a 90-day supply unless otherwise noted.

Our Promise: We will never auto-ship medications and will verify all prescriptions with member before shipping.

Table with 6 columns: Rx, Drug Name & Strength, Directions, Quantity, Number of Refills, DAW. Rows 1-6.

IMPORTANT NOTICE: It is standard pharmacy practice to substitute generic equivalents for brand name medications. Exactus Pharmacy Solutions Mail Service will dispense an FDA-approved generic equivalent whenever available, when permitted by the prescriber and allowed by law.

Prescriber Information

MD/ARNP Name, DEA, Address, City, State, Zip, Phone Number, Fax, MD/ARNP Signature

IMPORTANT WARNING: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law.