



Legacy Specialty Phone: (713) 665-8800
 Legacy Specialty Fax: (832) 213-0157

GENERAL REFERRAL FORM

Provider/Office: Please sign and fax completed form to (832) 213-0157. Please call if you have any questions.

SHIP TO: Patient Office Other _____ Needs by Date: _____

PATIENT INFORMATION	PRESCRIBER INFORMATION
Patient Name: _____	Prescriber Name: _____
Address: _____	Specialty: _____
City, State, ZIP: _____	NPI: _____
Home Phone: _____ Alternate Phone: _____	Address: _____
DOB: _____ Gender: _____	City, State, ZIP: _____
Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Phone: _____ Fax: _____
	Office Contact: _____

INSURANCE INFORMATION <i>(Attach copy of insurance card including front and back)</i>	
Insurer Name: _____	Prior Authorization Reference #: _____
Insurer DOB: _____	
Member ID #: _____	
Group #: _____	
Phone #: _____	

MEDICAL INFORMATION <i>(Attach copy of clinical notes and labs)</i>	
Primary Diagnosis: _____	Weight _____ kg/lb
Primary ICD-10 Code: _____	Height: _____ cm/in
Primary Diagnosis Date: _____	Allergies: _____
Other Diagnosis: _____	
Other ICD-10 Code: _____	Labs: _____
Other Diagnosis Date: _____	

PREVIOUS MEDICATIONS USED TO TREAT DIAGNOSIS OR CONDITION			
Medication Name & Dose:	Directions:	Start/End Date:	Discontinuation Reason:

PRESCRIPTION INFORMATION			
Medication Name & Dose:	Directions:	Quantity:	Refills

PRESCRIBER SIGNATURE *(no electronic or digital signature)*

I authorize Legacy Specialty Pharmacy and its representatives to serve as my authorized agent, including but not limited to, secure coverage and initiate the medical and prescription insurance prior authorization process for our shared patient.

Dispense as Written	Substitution Permitted
Prescriber Signature: _____	Prescriber Signature: _____
Date: _____	Date: _____

CONFIDENTIALITY STATEMENT: This communication is intended for use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. The disclosure, copying, distribution, or taking of any action on the contents of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone.