



Lilly Cares Prescription Request Form

**Patient Information:**

Patient Name: _____ <Patient Name>	Date of Birth: _____ <Patient DOB>
Address: _____	
City: _____	State: _____ Zip Code: _____
Phone: _____	
Ship to Address (if different from patient address above, No P.O. Box or third party vendor): _____	
City: _____	State: _____ Zip Code: _____
Drug Allergies: _____	
Other Medications: _____	

**Rx:** I authorize Lilly Cares to act on my behalf for the purpose of transmitting this prescription to the appropriate pharmacy.

Medication: \_\_\_\_\_ Strength: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Directions (Please Print): \_\_\_\_\_

Quantity to be Dispensed:  4 months (max)  3 months  2 months  1 month

Refills: # \_\_\_\_\_ (up to one year of treatment) Maximum dose per day: \_\_\_\_\_

If prescribing insulin (required):	Confirm insulin formulation (required):
Units of insulin per dose:	<input type="checkbox"/> Vial (not available for Basaglar® or Humalog® U-200)
Max. units of insulin per day:	<input type="checkbox"/> KwikPen® (not available for Humulin® R 100 units/mL)
	<input type="checkbox"/> Cartridge (only available for Humalog® 100 units/mL)

Your state may require that prescriptions follow certain content requirements or use a particular form. By signing below, you certify that you are abiding by laws applicable to prescriptions and authorized prescribers in the states in which you are prescribing. I authorize Lilly Cares to act on my behalf for the limited purposes of transmitting this order for prescription medication.

Signature: \_\_\_\_\_

Dispense as written

Substitution/brand exchange permitted

*Rubber stamps, signature by other office personnel for the prescriber, and computer-generated signatures will not be accepted.*

**Healthcare Provider Information:**

Printed Prescriber Name and Title: _____	DEA # (as required): _____
State License # and State: _____	NPI #: _____
Phone: _____	Fax: _____
Address: _____	
City: _____	State: _____ Zip Code: _____

**IMPORTANT:** This information is intended for the use of the person or entity to which it is addressed and may contain information that is confidential, the disclosure of which is governed by applicable law. If the reader of this information is not the intended recipient, or the authorized agent or individual responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you received this document in error, please notify us immediately and destroy the related document.