

# JORDAN RESES PATIENT REFERRAL FORM

Please FAX this Completed Form to Jordan Reses Pharmacy:

FAX# 215-729-1040  
or 800-838-3971



To: **JORDAN RESES PHARMACY**  
5739 Chester Avenue  
Philadelphia, PA 19143  
PHONE: 800-848-4050

From: Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

## CLAIMANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
SSN: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MO / DAY / YR)  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CLAIM INFORMATION

Employer: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
Line Of Business: \_\_\_\_\_ Date Of Injury: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MO / DAY / YR)  
**If Auto/PIP Claim**  
Copy:  Yes  No Amount: \_\_\_\_\_ Deductible Remaining: \_\_\_\_\_

## INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## ADJUSTER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ Company: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

## REFERRAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ Company: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

## MEDICAL INFORMATION

Authorized Medications: \_\_\_\_\_

Would you like to create an Authorized Physician's List? If yes, please include Dr. name and DEA Number.

**IMPORTANT NOTICE:** This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt for disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the addressee, except by express authority of the sender to the named addressees.