FAIRVIEW PHARMACY
EST. 1978

500 Katie Avenue, Hattiesburg, MS 39401
Phone 601 544 4871 Fax 601 583 2298
NPI 1144383613 NCPDP 2515104 | Mon to Fri 8am to 6pm, Sat 9am to 1pm

Injectable Coordination

ONE PATIENT PER FORM

A missed oral dose is one day. A missed injection window is weeks. This form gets the injection schedule, the clinic, and the delivery timing coordinated up front, and tells us exactly who to confirm with and how, before anything is due.

01 PRESCRIBER

PRESCRIBER NAME _____ PRACTICE / CLINIC _____ OFFICE PHONE _____ OFFICE FAX _____

BEST CONTACT AT PRACTICE (NAME) _____

02 PATIENT

PATIENT NAME _____ DATE OF BIRTH _____ PHONE _____

ADDRESS (FOR DELIVERY, IF APPLICABLE) _____ ALLERGIES (OR CHECK NONE) _____

03 INJECTABLE DETAILS

PRODUCT AND STRENGTH _____ INJECTION INTERVAL _____ NEXT APPOINTMENT DATE _____

ADMINISTERING CLINIC _____ CLINIC CONTACT (NAME AND PHONE) _____

04 DELIVERY AND CONFIRMATION

DELIVER TO

☐ Clinic, before the visit ☐ Patient directly

CONFIRM BACK VIA

☐ Phone call ☐ Fax ☐ Secure message

CONFIRM WITH (NAME AND PHONE OR EXTENSION) _____

IF PATIENT APPROACHES OR MISSES THE WINDOW

☐ Call prescriber immediately ☐ Hold next dose, await instruction

05 NOTES (OPTIONAL)

06 AUTHORIZATION

PRESCRIBER OR AUTHORIZED STAFF SIGNATURE _____ DATE _____

FAX COMPLETED ORDER TO **601 583 2298** QUESTIONS: 601 544 4871

Adherence performance, January to May 2026: diabetes 100%, cholesterol 99.3%, blood pressure 97.8%. EQUIPP verified from claims data. Full scorecard at fairviewpharm.com/providers.

This referral is a communication between healthcare providers for treatment purposes. Fairview Pharmacy will contact the patient to complete enrollment and confirm delivery arrangements. Patients always retain the right to choose their pharmacy. All coordination services listed are provided at no charge to the practice.