

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	CONFIRM BACK VIA
☐ Clinic, before the visit ☐ Patient directly	☐ 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
_____	_____

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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.

