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

Patient Referral Order

ONE PATIENT PER FORM

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) _____ CURRENT PHARMACY _____

CAREGIVER OR AUTHORIZED CONTACT (NAME AND PHONE) _____ PLAN / INSURANCE (IF KNOWN) _____

ALLERGIES (OR CHECK NONE) _____

BEST WAY TO REACH PATIENT ☐ Call ☐ Text ☐ No known allergies

PREFERRED LANGUAGE ☐ English ☐ Spanish

03 SERVICES THIS PATIENT NEEDS (CHECK ALL THAT APPLY)

Packaging and Sync

☐ **Pill pack packaging**
Doses sorted by day and time. Dosing times: ☐ Morning ☐ Noon ☐ Evening ☐ Bedtime

☐ **Med sync**
Entire regimen aligned to one monthly fill date

☐ **Transfer entire profile**
We call the current pharmacy and move everything

Delivery

☐ **Free home delivery**
Same day in Hattiesburg, Tue and Thu Pine Belt routes

☐ **Clinic delivery for injectable**
Delivered before the visit. Next injection appointment: _____

☐ **Confidential discreet packaging**
Unmarked packaging, privacy protected delivery

Clinical Support

☐ **Prior authorization handling**
We carry the PA and appeal start to finish

☐ **Refill reminder calls**
Patient called about 5 days before running out

☐ **Device or technique coaching**
Inhaler, insulin pen, or eye drop technique at handoff

Reporting and Review

☐ **Adherence report at day 90**
One page: on track or slipping, for the patients you referred

☐ **MTM consultation**
Full medication therapy review with the pharmacist

☐ **Medicare Part D plan review**
Coverage checked against the patient's actual regimen

STANDARD We tell you if the patient does not enroll, too. **Every referral gets a reply, including when it does not go anywhere.**

04 MEDICATIONS TO TRANSFER OR START (OPTIONAL, OR CHECK TRANSFER ENTIRE PROFILE ABOVE)

_____

05 NOTES FOR THE PHARMACIST (OPTIONAL, USE FOR ANYTHING NOT COVERED ABOVE)

_____

06 PRIORITY AND AUTHORIZATION

☐ Routine ☐ Same day start

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 obtain any consent required. Patients always retain the right to choose their pharmacy. All services listed are provided at no charge to the practice. Part of the Five Patient Pilot: refer up to five patients, one form each, and receive an adherence report at day ninety. Keep this pad at the nurses station. Need another pad? Call 601 544 4871 and we will drop one off.