



FOR OFFICE USE	
Prior authorizations are done by:	
<input type="checkbox"/>	GuidantRx
<input type="checkbox"/>	Client

PRIOR AUTHORIZATION REQUEST FORM
FAX NUMBER 513-248-3079

“CONFIDENTIAL HEALTH INFORMATION MAY BE ENCLOSED”

Health information is personal and sensitive information related to a person’s health care. You, the recipient are required to maintain this information in a safe, secure and confidential manner. Re-disclosure without appropriate authorization or as permitted or required by law is prohibited.

PATIENT INFORMATION

PATIENT NAME (LAST, FIRST, MI)			
MEMBER ID	PERSON CODE	DOB	GENDER

PHYSICIAN INFORMATION

PRESCRIBER'S NAME		STATE LICENSE NO.	
SPECIALTY	PHONE	FAX	

MEDICATION REQUEST

DIAGNOSIS / INDICATION			ICD-10 CM CODE (IF AVAILABLE)	
DRUG NAME AND STRENGTH REQUESTED	QTY	DAY SUPPLY	SIG	REFILLS
	DURATION OF THERAPY			NEW THERAPY <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL JUSTIFICATION / INCLUDE OTHER MEDICATIONS TRIED AND RESULTS				
1 – PREVIOUS MEDICATION		3 – PREVIOUS MEDICATION		
2 – PREVIOUS MEDICATION		4 – PREVIOUS MEDICATION		
PHYSICIAN SIGNATURE			DATE OF REQUEST	

*****GUIDANTRX USE ONLY*****

			APPROVED	MODIFIED	
			DENIED	DEFERRED	
FROM (DATE)	TO (DATE)	RESTRICTIONS			
SIGNATURE			DATE OF REVIEW		
INITIALS	PHYSICIAN	PATIENT	FILED	LAKER	NOTE

GUIDANTRXPHONENUMBER 800-263-2178

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