



STEPS TO COMPLETE VASCO RX REFERRAL FORM

Step #1 – Please fill in patient information, and include the last four digits of the patients Social Security number (these four digits assist us in finding patients Pharmacy coverage).

Step #2 – Please include copy of patients Prescription Insurance Card or write in the info (most times the Medical Card is different from the Pharmacy Benefit Card).

Step #3 – Please include patients diagnosis code (ICD-10), wound measurements, and locations (most insurances request this information).

Step #4 – Include Prescriber's name and NPI (reason is so we can bill the insurance provider).

Step #5 – Include Days Supply (usually 30).

Step #6 – Sign and Date Prescription and fax referral form to 877-552-5672 or send E-Script with above info in notes/message field.

Step #7 – Please include patient demographic face sheet in case more information is needed

**PLEASE FAX TO: 877-552-5672
PHONE: 877-971-3001**