



# DIAMOND PHARMACY SERVICES EMERGENCY PRESCRIPTION REQUEST

# STAT

Facility Name: \_\_\_\_\_ Date \_\_\_\_\_  
 Person Completing Form: \_\_\_\_\_ Time \_\_\_\_\_ AM PM  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_

1. Complete ALL sections legibly and sign where indicated. Incomplete fields may delay the processing of this order.
2. Fax to the toll-free **DIAMOND BACKUP HOTLINE 1-866-307-9748**. DO NOT FAX WITH YOUR REGULAR ORDERS, this will delay the process.

Have you verified that the medications are not available in a Stat Box or as Stock?  
 Are all of these medications deemed necessary by the prescriber to be started immediately?  
 Are all these medications ordered on the Formulary for your facility?  
 If medication is Non-Formulary, has it been approved?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**\*\* PLEASE NOTE THAT SCHEDULE II NARCOTICS CAN NOT BE FILLED LOCALLY UNLESS A DEA LICENSED PRESCRIBER MANUALLY SIGNS A WRITTEN PRESCRIPTION THAT CAN BE GIVEN TO THE DISPENSING PHARMACY AT THE TIME OF DISPENSING. SCHEDULE II PRESCRIPTIONS MUST BE FILLED FOR THE FULL QUANTITY WRITTEN\*\***

RX Last Name _____		DOB: _____	
First Name: _____	MI: _____	ID Number: _____	
Allergies: _____			
Prescriber: _____			
License # _____	DEA# _____		
Amount to be filled by <b>BACKUP</b>		Amount to be filled by <b>DIAMOND</b>	
# of Days _____ OR #of Pills _____		# of Days _____ OR #of Pills _____	

RELEASE MEDS	
YES	NO

## PHARMACY ONLINE BILLING INFORMATION:

Group Code: \_\_\_\_\_ PBM: **MedTrak** Bin# **800004** PCN# **008126** Person Code: **01**  
 Patient ID: Use the Patient No. above. If patient No. is not provided, use the Group Code plus the patient's date of birth.

If you are unable to process a claim, please call MedTrak RX Help: 1-800-771-4648

**Hours: Monday-Friday 8am-9p, CST                      Saturdays 9am-6pm CST**

If you receive a rejection, please call Diamond Pharmacy Services at 1-800-882-6337

**Linda Heidenthal EXT 1022 - M-F 6am-4pm EST                      Jim Hammond EXT 1016 M-F 10am-6:30pm EST**

**Customer Service EXT 2100 M-F 8am-5pm, Sat 8am-3pm EXT 2107 - 5pm to 11pm M-Sat**

If a rejection occurs after 7:30 pm EST M-F or after 4:30pm EST Sat, or anytime on Sunday, please call 1-800-882-6337, and leave the

**RX NO. ON EXT 1016.** Diamond requests that the pharmacy please release the medication and we will make it payable the next business day. If you have any questions, please call our ON-CALL Service 1-888-520-2500 and a pharmacist will be paged.

**\*\*DIAMOND PHARMACY USE ONLY\*\***

**Date and Time Recvd:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_ am/pm      **Date and Time Faxed:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_ am/pm

Reviewed by Diamond RPh: \_\_\_\_\_ RPh 1-800-882-6337 EXT: \_\_\_\_\_

Backup Pharmacy: \_\_\_\_\_ Fax \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_ Phone \_\_\_\_\_

**Cab Called: YES NO @ \_\_\_\_\_ DISPATCHER: \_\_\_\_\_ DISPATCH TIME: \_\_\_\_\_**