

First Request:
Final Request:
<b>Response By:</b>



224 North Park Ave, Fremont NE 68025  
 P: 402-753-2800 | F: 888-810-1394 | savrx.com

<b>NOTES TO PHYSICIAN:</b>

**Email Us At:** PriorAuth@SavRx.com  
**Date/Time:** 09/26/2024 04:02:01 PM **Agent:** krezac

Patient Information			
Name: JANE DOE	Card ID: 0014W00003HS5UGAAY	DoB: 01/01/1950 Sex:F	
Address: 224 NORTH PARK AVE FREMONT NE 68025	Phone: .	Group: TESTUNION	
Doctor Information			
Dr. Name:	Phone:	Fax:	
Pharmacy Information			
Pharmacy Name:	Phone:	Fax:	
Drug Information			
Drug:	Str:	Qty:	Directions:

**Drug Prior Authorization Review**

**CLINICAL INFORMATION**

1. Diagnosis:

2. Rationale for use:

3. Expected Duration of use:

**PERTINENT MEDICATION HISTORY**

1. Drug:  Date:

Outcome:

2. Drug:	<input type="text"/>	Date:	<input type="text"/>	Outcome:	<input type="text"/>
3. Drug:	<input type="text"/>	Date:	<input type="text"/>	Outcome:	<input type="text"/>
4. Drug:	<input type="text"/>	Date:	<input type="text"/>	Outcome:	<input type="text"/>
5. Drug:	<input type="text"/>	Date:	<input type="text"/>	Outcome:	<input type="text"/>

---

**Physician Signature**

**Date**

---

THE INFORMATION CONTAINED IN THIS FORM IS PROPRIETARY AND MAY CONTAIN PRIVILEGED OR CONFIDENTIAL INFORMATION. THE DISTRIBUTION, DISCLOSURE, VIEWING, COPYING, OR USE OF THIS INFORMATION, WITHOUT THE EXPRESS WRITTEN CONSENT OF SAV-RX PRESCRIPTION SERVICES, IS STRICTLY PROHIBITED.