



North Scripts Rx Enrollment Form

Register to receive medications marked as NSE in the formulary:

1. Download this form
2. Complete form by typing in fields provided
3. Save it to your computer
4. Attach completed form to an email and send to enrollments@northscripts.com

Member Information	
Employee Full Name	
Group/Employer Name	
Employer ID	
Employee Date of Birth Month/Date/Year	
This prescription enrollment is for	<input type="checkbox"/> Member (Employee) <input type="checkbox"/> Dependent
Dependent Name	
Dependent DOB Month/Date/Year	

Shipping Information			
Patient Name (or) Clinic Name			
Street		Unit/Apt #	
City		State	
Zip		Phone #	
Email			

Medication Information			
Medication		Strength	
Type of fill	<input type="checkbox"/> One time <input type="checkbox"/> Recurring <input type="checkbox"/> First fill 30 days, 90 ongoing		
	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days		
Is this a loading dose?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the patient taken this medication before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, for how long?			
If yes, how many days of medication are on hand?			
Prescription included with enrollment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the patient require pharmacist counseling for this medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Phone: 1-855-231-4010 Fax: 1-855-752-8006



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Patient Background			
Height		Weight	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pregnant or Nursing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current medication name(s)	Dosage strength	Length of time taken (# of days, months or years?)	
List any patient medical condition(s) that we should be aware of here.			
List known drug allergies here.			

Provider & Prescription Information	
Prescriber's Full Name	
Phone #	
Referring Agent	
Overnight shipping required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special notes or instructions	