

*** REFERRAL FORM ***



Faith Community Pharmacy

7033 Burlington Pike, Suite #4

Florence, KY 41042

Phone Number: (859) 426-7837

Fax Number: (859) 426-5708

**** Medication Supply Can Be Limited & Variable; We Have No Contraceptives, Controlled Substances or Narcotics ****

To obtain assistance from our charitable pharmacy, a Healthcare Provider must:

- fax this completed form to the number above
- send electronic prescriptions (e-scribe) to Faith Community Pharmacy (or fax prescriptions to the number above if e-scribe capability is not available)

WHO IS ELIGIBLE?

Residents of Northern Kentucky (14 counties of the Diocese of Covington) who meet program guidelines.

WHAT WILL THEY RECEIVE?

Upon receipt of a Referral form and Prescriptions, the referred individual will receive a phone call offering a one-time 30-day supply of medication AND an opportunity to enroll in our free medication program for six months. We rely upon donations from local healthcare providers and global health organizations. Commonly prescribed generic medications are purchased via dollars obtained through fundraising projects. Those who use our services are encouraged to enroll in our program within 90 days of their one-time medication assistance. Failure to enroll within 90 days will require another Referral from their healthcare provider.

REFERRING HEALTHCARE PROVIDER INSTRUCTIONS:

Complete the information below & fax to the number above

Send electronic prescriptions (e-scribe) to our pharmacy

PATIENT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City: _____

Zip Code: _____ Phone #: _____ SS#: _____ - _____ - _____

Primary Care Physician: _____

Reason For Need: Low Income No Rx Insurance Co-pays Unaffordable Medicare D Coverage Gap

REFERRING PRESCRIBER

Agency Name: _____

Address: _____ Phone #: _____

Agency Representative Name: _____ Date: _____

Hospitals – Please complete:

- Circle Supply Dispensed Upon Discharge: 0 5 14 days OTHER _____