PfPharmacy Access Referral Form

For Palm Beach patient referrals, please fax: 561-508-8508
For Pembroke Pines referrals, please fax: 954- 633-7853 Or email all referrals to:
customerservice@physicianfamilypharmacy.com

Please fill out as much of the below form as possible

Referral Source (Name, Agency, and Phone number):				Date:
Reason for referral: ☐Complex medication regimen ☐ Adherence concern ☐ Delivery ☐Transitions of care (i.e. LTC, Home, Facility, Hospital)				
PATIENT INFORMATION				
Patient Name:		Sex: ☐ M ☐ F	DOB:	Social Security Number:
Street address:		City, State and Zip Code:		
Best time to contact:	Primary Number:	Secondary Number:		
☐ Morning ☐ Afternoon				
Home Visit Date and Time:		Discharge Date (i.e. Facility, Home Health, Hospital):		
Caregiver/Secondary Contact Name:		Phone Number:		Relation:
Allergies:		Health Conditions:		
Primary Doctor Name; Contact:				Specialist Doctor Name; Contact:
Current Pharmacy Name, Location, Contact:				Easy Open Tops: ☐Yes ☐No
INSURANCE INFORMATION				
(Please make a copy of front and back of Insurance card if available)				
Please indicate primary insurance	☐ Medicare	☐ NC Medicaid	☐ Commercial Insurance	☐ Cash/No Insurance
PHARMACY INFORMATION *Pharmacy Location will be determined by the PF Pharmacy Access staff based on delivery address**				
PF Pharmacy (Palm Beach):	5869 Lake Worth Rd. Greenacres, Fl 33463 Phone: 561-501-1874 Fax: 561-508-8508 Mon-Fri: 9 am - 6 pm Sat & Sun: Closed			
PF Pharmacy (Pembroke Pines):	9716 Pine Blvd Pembroke Pines, Fl 33024 Phone: 954-676-1847 Fax: 954-633-7853 Mon-Fri: 10 am- 7 pm, Sat & Sun: Closed			
Thank you for your referral!				

For Office Use Only:

Payment: COD___, CC____

- Payment Information (please check one box): ☐ Check on Delivery ☐ Cash on Delivery
  Credit Card: Card #: _____ Exp: _____ Card type: _____
- Packaging Options: ☐ All Medications in Bottles ☐ 7-day pill packs ☐Bubble packaging ☐ Strip Packaging