



# Generic Waiver Form

FAX TOLL FREE TO: CanaRx Services Inc. 1-866-715-6337 (MEDS)

PHONE TOLL FREE: 1-866-893-6337 (MEDS)

**A Generic Equivalent is available for this prescribed medication. To qualify for this Name Brand Medication with 'NO SUBSTITUTION', this Waiver Form must be completed by your Doctor.**

PATIENT INFORMATION <i>(Required)</i>			Birthdate:	mm / dd / yyyy
First Name (please print)	Initial	Last Name	Phone (Home)	
Street Address		City/State	Zip Code	

PHYSICIAN INFORMATION <i>(Required)</i>		
Name	Medical Specialty	Phone
Street Address		City/State Zip Code

## PLEASE COMPLETE THE FOLLOWING SECTION

NO SUBSTITUTION REQUEST (FDA APPROVED GENERICS)		Date Prescribed:	mm / dd / yyyy
Generic Medication Tried: _____		Length of time taken:: _____	
Reason for individual consideration request <i>(Please check one)</i>			
<input type="checkbox"/> Treatment Failure with Generic Medication			
<input type="checkbox"/> Documented Adverse Reaction to Generic Medication			
<input type="checkbox"/> Other Clinical Reason <i>(Please specify)</i> _____			
Brand Name Medication prescribed: _____			

AUTHORIZATION	
Physician Signature _____	Date: mm / dd / yyyy