eocco
EASTERN OREGON
COORDINATED CARE
ORGANIZATION

503-765-3521 | 888-788-9821
601 SW Second Avenue
Portland, Oregon 97204-3156
eocco.com

INSTRUCTIONS:

1. Please complete and sign the prescription order below.
2. Fax directly back to the pharmacy.

Patient name: _____

Member ID: _____

Date of birth: _____

MEDICATION NAME (Please check)	QTY	SIG	REFILLS
□ **Insulin Glargine (insulin glargine-yfgn) 10 mL vial** □ **Insulin Glargine (insulin glargine-yfgn) 3 mL pen**			

Provider signature: _____ **Date:** _____

Provider name: _____

Provider address: _____

Provider phone: _____

PHARMACY NAME	PHARMACY FAX	PHARMACY PHONE

ATTENTION DISPENSING PHARMACIST: PLEASE ENTER THE PRESCRIPTION AS ABOVE AND COUNSEL THE PATIENT ON THE CHANGES REGARDING INSULIN GLARGINE. THANK YOU FOR YOUR ASSISTANCE.