

Blue Cross and Blue Shield of Texas Topical Verapamil Override Request Form

Clinical Pharmacy Programs: phone 972-766-2725 or fax 800-986-9980

Please fill out the form completely. Incomplete forms may be returned for additional information.

 Date of request:				
Patient first name:	Patient last name:			
Patient address:				
City	State		Zip	
Patient BCBSTX ID number		Pati	ent date of birth	
Physician/ Provider information:				
First name:	Last n	name:		
Medical license # or DEA number				
Telephone number:	·	Fax number:		
Address				
City	State	Zip		
Physician signature				
Requested medication:				
Drug Name and Strength:				
Patient Diagnosis:				
Quantity requested:				