BlueCross BlueShield 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:** _____

- **Blue Cross and Blue Shield of Texas member information:**

Patient first name: _____ **Patient last name:** _____

Patient address: _____

City _____ **State** _____ **Zip** _____

Patient BCBSTX ID number _____**Patient date of birth** _____

- **Physician/ Provider information:**

First name: _____ Last 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: _____