

# Prenatal Vitamin Program

Member must have had the Notification of Pregnancy form submitted to receive vitamins. The earliest possible completion of the Notification of Pregnancy form allows the Start Smart for your Baby® program to best use our resources and services to help you and your patient achieve a healthy pregnancy outcome. You or the member will receive the vitamins in three weeks. One bottle per member.

**Please complete clearly in black ink and fax to: 877-737-9135.**



## Member Info

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Member ID# \_\_\_\_\_  
DOB \_\_\_\_\_ EDC \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Provider Info

Name \_\_\_\_\_ Fax # \_\_\_\_\_  
Provider T.I.N. or N.P.I.# \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Phone # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please complete if you would like your patient to receive a free three (3) month's supply of prenatal vitamins.

They will be shipped to (please choose)  
 Provider Office  Member

**Please make sure accurate mailing address is on this form.**



Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Prenatal Plus  
Disp: #100  
No refills**

\_\_\_\_\_  
Physician signature / Dispense as written

DEA# \_\_\_\_\_

Prescription is void if more than one (1) prescription is written per blank.

**For any questions regarding this form or the Start Smart program please call 1-866-912-6285.**

Completed by \_\_\_\_\_ Date \_\_\_\_\_