



# Specialty Intake Checklist

**PRESCRIPTION INSURANCE CARD**  
(FRONT AND BACK)

**CHART NOTES**  
(INCLUDING DIAGNOSIS AND ANY RECORD OF  
FAILED ATTEMPTS AT ALTERNATIVE  
MEDICATIONS)

**INTAKE FORM COMPLETE AND SIGNED BY  
PHYSICIAN** *found at [www.WellsSpecialtyPharmacy.com](http://www.WellsSpecialtyPharmacy.com)*  
(INCLUDE NPI AND DEA #)

**OFFICE CONTACT**  
(NAME, DIRECT LINE, EMAIL, CELL # IF YOU  
PREFER TEXT)

**AT LEAST ONE ALTERNATIVE NUMBER FOR  
PATIENTS**  
(CELL PHONE PREFERABLY)