

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 1-800-504-8573.

Completed by _____ Date _____