

 Please cut along the dotted lines before submitting to a pharmacy.

Date Required: \_\_\_\_\_ Ship To: \_\_\_\_\_ Patient \_\_\_\_\_ MD Office \_\_\_\_\_ Other: \_\_\_\_\_

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**PRESCRIBER INFORMATION**

Prescriber Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 DEA #: \_\_\_\_\_ NPI #: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

**INSURANCE INFORMATION (Please attach the front and back of insurance and prescription drug card.)**

Primary Insurance: \_\_\_\_\_ ID: \_\_\_\_\_ Group: \_\_\_\_\_  
 Secondary Insurance: \_\_\_\_\_ ID: \_\_\_\_\_ Group: \_\_\_\_\_  
 Prescription Card: \_\_\_\_\_ ID: \_\_\_\_\_ BIN: \_\_\_\_\_ PCN: \_\_\_\_\_

**To better serve your patient and facilitate insurance authorization, please complete the pertinent sections:**

**PATIENT DIAGNOSIS/CLINICAL INFORMATION**

Z94 Transplanted organ and tissue status unspecified  
 Other: \_\_\_\_\_  
 Prior Medication Failed: \_\_\_\_\_  
 Length of Treatment: \_\_\_\_\_  
 Reason for Discontinuation: \_\_\_\_\_

Weight: \_\_\_\_\_ kg lbs Height: \_\_\_\_\_ cm in %BSA: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ NKDA  
 Injection Training/Home Health RN visit is necessary. Yes No  
 Site of Care: Home MD Office Other: \_\_\_\_\_  
 Date of Transplant: \_\_\_\_\_ New Refill Ship By: \_\_\_\_\_  
 Organ Type: Heart Kidney Liver Lung Pancreas  
 Other: \_\_\_\_\_

**PRESCRIPTION INFORMATION**

Medication	Dose/Strength	Instructions	Quantity	Refills
Aspirin®				
Clotrimazole®				
Colace®				
Gengraf®				
MVI®				
Myfortic®				
Noeral®				
Noeral®				
Pepcid®				
Prednisone®				
Prograf®				
Rapamune®				
SMX/TMP®				
Valcyte®				
Other:				
Other:				

**ADDITIONAL COMMENTS**

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_