

PATIENT INFORMATION Deliver Here

Patient Name: _____

DOB: _____ Gender: Male Female

Address: _____

City _____ State _____ Zip: _____

Primary Phone: _____ SSN: _____

Caregiver Name: _____

Alternate Phone: _____

PRESCRIBER INFORMATION Deliver Here

Prescriber Name: _____

State License #: _____ DEA #: _____

NPI #: _____

Address: _____

City _____ State _____ Zip: _____

Phone: _____ Fax: _____

Contact Person: _____ Phone: _____

Insurance Information (please fax a copy of front and back of the insurance card(s))

Primary Insurance: _____ Plan ID: _____ BIN #: _____ PCN #: _____ Grp #: _____

Secondary Insurance: _____ Plan ID: _____ BIN #: _____ PCN #: _____ Grp #: _____

Clinical Information (Please fax pertinent lab information)

Diagnosis: G35 (Multiple Sclerosis) Other (ICD-10 code with description): _____ Diagnosis Date: ___/___/___

Type: Primary-progressive Secondary-progressive Clinically isolated syndrome Relapsing-remitting Progressive-relapsing

Has pregnancy been excluded: Yes No Not Applicable Wt: _____ Kg lbs Ht: _____ cm in

Hepatic impairment present: Yes No AST: _____ U/L ALT: _____ U/L Bilirubin: _____ mg/dL Lab date: _____

Prior Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Discontinuation of therapy	Start date	End Date

Allergies: NKDA Other: _____

Comorbidities: _____

Concomitant Medications: _____

Drug Dose/Strength Directions Qty Refills

<input type="checkbox"/> AUBAGIO (teriflunomide)	<input type="checkbox"/> 7mg tab <input type="checkbox"/> 14mg tab	<input type="checkbox"/> Take one tablet by mouth once a day		
<input type="checkbox"/> AMPYRA (dalfampridine)	<input type="checkbox"/> 10mg Tab	<input type="checkbox"/> Take one tablet by mouth twice daily (12 hours apart) <input type="checkbox"/> Other: _____		
<input type="checkbox"/> GILENYA (Fingolimod)	<input type="checkbox"/> 0.25mg Capsule <input type="checkbox"/> 0.5mg Capsule	<input type="checkbox"/> Patients weighing ≤ 40kg: Take 0.25mg by mouth once daily <input type="checkbox"/> Patients weighing >40kg: Take 0.5mg by mouth once daily		
<input type="checkbox"/> TECFIDERA (Dimethyl Fumarate)	<input type="checkbox"/> 120mg Capsule <input type="checkbox"/> 240mg Capsule	<input type="checkbox"/> Starter dose: Take one 120 mg capsule by mouth twice a day for 7 days, followed by one 240 mg capsule by mouth twice a day. <input type="checkbox"/> Maintenance dose: Take 240mg by mouth twice a day Other: _____		

Product substitution permitted Dispense as written

Prescriber's Signature: _____ Date: _____