

**PATIENT INFORMATION**  Deliver Here

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_ Plan ID: \_\_\_\_\_

**PRESCRIBER INFORMATION**  Deliver Here

Prescriber Name: \_\_\_\_\_

State License #: \_\_\_\_\_ DEA #: \_\_\_\_\_

NPI #: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please fax a copy of front and back of the insurance card(s).**

**Clinical Information**

**Diagnosis** ICD-10 Code: \_\_\_\_\_ Description: \_\_\_\_\_

ICD-10 Code: \_\_\_\_\_ Description: \_\_\_\_\_

Wt: \_\_\_\_\_  Kg  lbs Ht: \_\_\_\_\_  cm  in BSA: \_\_\_\_\_ m<sup>2</sup>

Allergies:  NKDA  Other: \_\_\_\_\_

**Pregnancy Category:**

Adult Female – Reproductive Potential  Adult Female – NOT of Reproductive Potential  Adult Male

Female Child – Reproductive Potential  Female Child – NOT of Reproductive Potential  Male Child

**Prescription Information**

<input type="checkbox"/> 5-FU	<input type="checkbox"/> GAZYVA (obinutuzumab)	<input type="checkbox"/> SYLATRON (peginterferon alfa-2b)
<input type="checkbox"/> ABRAXANE (Paclitaxel)	<input type="checkbox"/> GEMCITABINE HCL	<input type="checkbox"/> SYNRIPO (omacetaxine)
<input type="checkbox"/> ALIMTA (pemetrexed)	<input type="checkbox"/> HERCEPTIN (trastuzumab)	<input type="checkbox"/> TAXOTERE (docetaxel)
<input type="checkbox"/> AVASTIN (bevacizumab)	<input type="checkbox"/> HYCAMTIN (topotecan)	<input type="checkbox"/> TRELSTAR (Triptorelin) <input type="checkbox"/> OTHER: _____
<input type="checkbox"/> CYCLOPHOSPHAMIDE	<input type="checkbox"/> KADCYLA (trastuzumab)	<input type="checkbox"/> VANTAS (histrelin)
<input type="checkbox"/> DARZALEX (daratumumab)	<input type="checkbox"/> KEYTRUDA (pembrolizumab)	<input type="checkbox"/> VECTIBIX (panitumumab)
<input type="checkbox"/> EMLICITI (elotuzumab)	<input type="checkbox"/> LUPRON DEPOT (leuprolide)	<input type="checkbox"/> VELCADE (bortezomib)
<input type="checkbox"/> ERBITUX (cetuximab)	<input type="checkbox"/> OPDIVO (nivolumab)	<input type="checkbox"/> XGEVA (denosumab)
<input type="checkbox"/> FASLODEX (fulvestrant)	<input type="checkbox"/> PERJETA (pertuzumab)	<input type="checkbox"/> YERVOY (ipilimumab)
<input type="checkbox"/> FOLOTYN (pralatrexate)	<input type="checkbox"/> RITUXAN (rituximab)	<input type="checkbox"/> ZOLADEX (goserelin)

Rx 1	Strength: Quantity:	Sig/Directions: Refills:
Rx 2	Strength: Quantity:	Sig/Directions: Refills:
Rx 3	Strength: Quantity:	Sig/Directions: Refills:

Product substitution permitted  Dispense as written

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_