

Transplant Enrollment Form

Patients must bring an original prescription to the pharmacy. Faxed prescriptions will only be accepted from a prescribing practitioner.

PATIENT INFORMATION

Patient Name: _____
 Address: _____
 City, State, Zip: _____
 Primary Phone: _____ DOB: _____
 Alternate Phone: _____ Gender: Male Female
 Email: _____
 Last 4 digits SS#: _____

PRESCRIBER INFORMATION

Name: _____
 State License #: _____ NPI #: _____
 DEA #: _____
 Address: _____
 City, State Zip: _____
 Phone: _____ Fax: _____
 Contact Person: _____ Phone: _____

INSURANCE INFORMATION

If available, please fax copy of prescription insurance cards with this form (front and back).

PRESCRIPTION

Drug Name	Strength	Other Strengths	Other	Other
Prograf	<input type="checkbox"/> 0.5mg	<input type="checkbox"/> 1mg <input type="checkbox"/> 5mg		
Ô &] d	<input type="checkbox"/> 250mg	<input type="checkbox"/> 500mg		
Myfortic	<input type="checkbox"/> 180mg	<input type="checkbox"/> 360mg		
Gengraf	<input type="checkbox"/> 25mg	<input type="checkbox"/> 100mg		
Üa} æ } ^i ÁÜá ã } •D	<input type="checkbox"/> 0.5mg	<input type="checkbox"/> 1mg <input type="checkbox"/> 2mg		
Neoralí	<input type="checkbox"/> 25mg	<input type="checkbox"/> 100mg		
Xa& c'i ÁXa* æ &á çáD		<input type="checkbox"/> 450mg		
XFend	<input type="checkbox"/> 50mg	<input type="checkbox"/> 200mg <input type="checkbox"/> 40mg/ml		
Ùandimmune	<input type="checkbox"/> 25mg	<input type="checkbox"/> 100mg		
Zortress	<input type="checkbox"/> 0.25mg	<input type="checkbox"/> 0.5mg <input type="checkbox"/> 0.75mg		
Úrednisone				

To Physician: By signing this form and utilizing our services, you are also authorizing pharmacy to serve as your prior authorization agent in dealing with medical and prescription insurance companies, and copay assistance foundations.

Physician Signature: _____

Date: _____

CONFIDENTIALITY NOTICE

IMPORTANT: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.