



## Dermatology Prescription Referral Form

4915 BRAODWAY, NEW YORK, NY 10034, TEL: 212-304-4646

FAX: 212-304-0759, Toll Free Number: 1-844-295-8203,

Email: inwoodpharma@gmail.com, Web: www.inwoodpharmacy.com

### PATIENT INFORMATION

Patients Name :		SSN#:		DOB:	
Address:		City:		State:	
Home Phone:		Cell Phone:		Height:	
Weight:		Gender: Male		Female	
Email Address:		Diagnosis Code:			

### INSURANCE INFORMATION (or attach copy of your cards)

Primary Insurance Co:	RxBIN:	RxPCN:	RxGroup:	RxD:	Phone:
Secondary Insurance Co:	RxBIN:	RxPCN:	RxGroup:	RxD:	Phone:

### DIAGNOSIS/CLINICAL INFORMATION ( Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization )

**Diagnosis:** \_\_\_\_\_  
**Date of Diagnosis (or years with disease):** \_\_\_\_\_  
**Has patient been treated previously for this condition?**     Yes     No  
**If yes, medication/therapy failed (length of therapy):** \_\_\_\_\_  
**Has Patient received PPD (tuberculosis) Skin Test?**     Yes     No  
**Has Hepatitis B been ruled out or treatment been initiated?**     Yes     No  
**Does patient have a latex allergy?**     Yes     No

### PRESCRIPTION INFORMATION (or attach copy of your script)

Medication	Dose/Strength	Sig	Qty.	Refills
<input type="checkbox"/> Enbrel:	<input type="checkbox"/> 50mg/ml Prefilled Syringe <input type="checkbox"/> 50mg/ml Sure Click™ Autoinjector <input type="checkbox"/> 25mg/0.5ml Prefilled Syringe	<input type="checkbox"/> <b>Induction Dose:</b> Inject 50mg SC TWICE a week (72-96 hours apart for three months) <input type="checkbox"/> <b>Maintenance Therapy:</b> Inject 50mg SC ONCE a week <input type="checkbox"/> <b>Other:</b>		
<input type="checkbox"/> Humira: Injection training from my Humira (Patient must sign below)	<input type="checkbox"/> 20mg/0.4ml Prefilled Syringe (2 doses) <input type="checkbox"/> 40mg/0.8ml Pen (2 doses) <input type="checkbox"/> 40mg/0.8ml Prefilled Syringe (2 doses) <input type="checkbox"/> 40mg Kit 4x0.8ml <input type="checkbox"/> 40mg Starter Kit 6x0.8ml	<input type="checkbox"/> <b>Initial Dose:</b> Inject 80mg SC on Day 1 <input type="checkbox"/> <b>Maintenance Therapy:</b> Inject 40mg SC every other week (starting 1 week after initial dose) <input type="checkbox"/> <b>Other:</b>	<input type="checkbox"/> Initial Dose: 1	<input type="checkbox"/> Other
<input type="checkbox"/> Stelara	<input type="checkbox"/> 45mg/0.5ml Prefilled Syringe <input type="checkbox"/> 90mg/1ml Prefilled Syringe	<b>Starter Dose:</b> <input type="checkbox"/> Inject 45mg SC (patient <100 kg) at Day 1 <input type="checkbox"/> Inject 90mg SC (patient >100 kg) at Day 1 <b>Maintenance:</b> <input type="checkbox"/> Inject 45mg SC (patient <100 kg) 29 days after starter dose and then every 12 weeks <input type="checkbox"/> Inject 90mg SC (patient >100 kg) 29 days after starter dose and then every 12 weeks <input type="checkbox"/> <b>Other:</b>	<input type="checkbox"/> Initial Dose: 1	<input type="checkbox"/> Other
<input type="checkbox"/> Otezla		Titration Pack: take by mouth as directed per package instructions	1 pack	
<input type="checkbox"/> Targretin (Capsules)	<input type="checkbox"/> 75mg capsules			
<input type="checkbox"/> Targretin (Gel)	<input type="checkbox"/> 1% gel	Apply every other day for 1 week then at weekly intervals increase to once daily; then twice daily, then three times daily, and finally four times daily.		
<input type="checkbox"/> Valchlor	<input type="checkbox"/> 0.016% gel	Apply a thin film once daily to the affected areas of the body. Directions, if different from above: _____		
<input type="checkbox"/> Zolinza				

Prescriber Name:		Phone:		Fax:	
Office Address:		Email:		NPI#:	
DEA#:	LIC#:	<input type="checkbox"/> Dispense as written:		Date	
Prescriber Signature :		Deliver To : <input type="checkbox"/> M D Office <input type="checkbox"/> Patient Home			

Your signature authorizes the pharmacy to act on your behalf to obtain prior authorization for the prescribe Medications. We will also pursue available copay and financial assistance on behalf of your patients.