



HEPATITIS B Referral Form

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PATIENT INFORMATION					
Patients Name :		SSN#:		DOB:	
Address:		City:		State:	
Home Phone:		Cell Phone:		Height:	
Email Address:		Diagnosis Code:		Weight:	
				Gender: Male Female	
INSURANCE INFORMATION (or attach copy of your cards)					
Primary Insurance Co:		RxBIN:	RxPCN:	RxGroup:	RxID:
Secondary Insurance Co:		RxBIN:	RxPCN:	RxGroup:	RxID:
				Phone:	
				Phone:	
DIAGNOSIS/CLINICAL INFORMATION [Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization]					
Diagnosis :				ICD-10:	
PRESCRIPTION INFORMATION					
Medication	Dose/Strength	Sig	Qty.	Refills	
<input type="checkbox"/> Baraclude	<input type="checkbox"/> 0.5mg <input type="checkbox"/> 1mg <input type="checkbox"/> 0.05mg/ml:	<input type="checkbox"/> 0.5mg tab by mouth daily <input type="checkbox"/> 1mg tab by mouth daily <input type="checkbox"/> Other:	30 ml		
<input type="checkbox"/> Eпивir HBV	<input type="checkbox"/> 100mg	<input type="checkbox"/> 100mg by mouth daily	30		
<input type="checkbox"/> Hepsera	10 MG	<input type="checkbox"/> 10mg by mouth daily	30		
<input type="checkbox"/> HBIG (Hepatitis B Immune Globulin -single use vial)					
<input type="checkbox"/> Pegasys	180mcg 135mcg	<input type="checkbox"/> 180 mcg SQ once weekly	28 Day Supply		
<input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> Vial		<input type="checkbox"/> 90 mcg SQ once weekly			
<input type="checkbox"/> ProClick		<input type="checkbox"/> 135 mcg SQ once weekly			
<input type="checkbox"/> Tyzeka	600mg	<input type="checkbox"/> 600mg by mouth daily	30		
<input type="checkbox"/> Viread	300mg	<input type="checkbox"/> 300mg by mouth daily	30		
		Other:			
Prescriber Name:		Phone:		Fax:	
Office Address:		Email:		NPI#:	
DEA#:		LIC#:		<input type="checkbox"/> Dispense as written:	
Prescriber Signature :		Deliver To :		Date	
		<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 prescribed Medications. We will also pursue available copay and financial assistance on behalf of your patients.