



UROLOGY 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:		Zip:
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:	RxID:	Phone:
Secondary Insurance Co:	RxBIN:	RxPCN:	RxGroup:	RxID:	Phone:

DIAGNOSIS/CLINICAL INFORMATION [Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization]

Diagnosis: _____ ICD-10: _____ Serum Creatinine: _____

Renal Dysfunction: Yes No Liver Dysfunction: Yes No H/H (Hemoglobin/Hematocrit): _____

To expedite prior authorization services, please provide Chemo regimen/schedule, last clinical notes and/or lab values/scans:
 Date and value of last HbA1c _____ Date and value of last Serum PSA _____

Date and value of last Serum Testosterone _____ Date of Orchiectomy _____ / _____ / _____

PRESCRIPTION INFORMATION

Medication	Dose /Strength	Sig	Qty	Refills
<input type="checkbox"/> ZYTIGA	<input type="checkbox"/> 250 mg	<input type="checkbox"/> Take 4 tablets daily without food		
<input type="checkbox"/> With Prednisone	<input type="checkbox"/> 5mg	<input type="checkbox"/> 5mg BID with food <input type="checkbox"/> Other:		
<input type="checkbox"/> XGEVA				
<input type="checkbox"/> XTANDI				
<input type="checkbox"/> CASODEX				
<input type="checkbox"/> ELIGARD				
<input type="checkbox"/> LUPRON				
<input type="checkbox"/> NILANDRON				
<input type="checkbox"/> ZOLADEX				

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 prescribed Medications. We will also pursue available copay and financial assistance on behalf of your patients.