

TRANSPLANT

Garden Grove, CA toll free 888.206.1872 toll free fax 888.206.3561

krogerspecialtypharmacy.com

| | | | | | a ogerspeen | arcy pinar | macy.com |
|--|-------------------------------|--|---|------------------------------|-------------------------|-------------------|-------------------|
| SPECIALTY PHARMACY | DATE: | NEEDS BY DATE: | SHIP TO: 🗖 PATIE | nt 🗖 office 🗖 othei | ? | | |
| ļ. | PATIENT INFO | | | PRESCRI | BER INFO | | |
| Patient Name | | | Prescriber Name | | | | |
| Address | | | DEA# | NPI# | License | # | |
| City, State, Zip | | | Address | | | | |
| Main Phone Alternate | Phone | | City, State, Zip | | | | |
| | THORE | | City, State, Zip | | | | |
| Social Security # | | | Phone | Fax | | | |
| Date of Birth | ☐ Male | e 🖵 Female | Contact Person | | | | |
| PLEASE FAX COPY O | F: 🖵 PRESCRIP | TION CARD FRONT & E | BACK 🖵 CLINICAL | NOTES 🖵 ME | DICAL CARD | FRONT 8 | & BACK |
| | | CLINICAL I | NFORMATION | | | | |
| Diagnosis: □ Z94.1 Heart Transplant □ Z94.2 Lung Transplant Height/Weight | | | Date of Transplant □ NKDA Print Labels in □ Spanish □ English | | | | |
| MEDICATION | | _ | CTIONS FOR USE | | | | REFILLS |
| MEDICATION | | DINEC | CTIONS FOR USE | | QTY | DNS | NEFILLS |
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| □,M.D DEA#, LIC# | | □ ,M.D.– DEA#, LIC# | | □,M.D.– DE | A#, LIC# | | |
| □ ,M.D.– DEA#, LIC# | | □ ,M.D.– DEA#, LIC# | | □ ,M.D.– DE | A#, LIC# | | |
| Contact Person | | ٠ | | ٥ | | | |
| By signing this form and utilizing our service | es, you are authorizing Kroge | r Specialty Pharmacy™ and it's employe | es to serve as your prior authoriza | tion designated agent in dea | ling with medical and p | orescription insu | urance companies. |

Date