# ONCOLOGY

SPECIALTY PHARMACY

New Orleans, LA toll free 888.355.4191 toll free fax 888.355.4192
krogerspecialtypharmacy.com

DATE: _____ NEEDS BY DATE: _____ SHIP TO: ❑ PATIENT ❑ OFFICE ❑ OTHER _____

## PATIENT INFO

| | |
|---|---|
| Patient Name | |
| Address | |
| City, State, Zip | |
| Main Phone | Alternate Phone |
| Social Security # | |
| Date of Birth | ❑ Male ❑ Female |

## PRESCRIBER INFO

| | | |
|---|---|---|
| Prescriber Name | | |
| DEA # | NPI # | License # |
| Address | | |
| City, State, Zip | | |
| Phone | Fax | |
| Contact Person | | |

PLEASE FAX COPY OF: ❑ PRESCRIPTION CARD FRONT & BACK ❑ CLINICAL NOTES ❑ MEDICAL CARD FRONT & BACK

## CLINICAL INFORMATION

Diagnosis Code(s):_____ **Please include Dx Code # and description

Prior Failed Meds:_____

| PRESCRIPTION INFORMATION - DIRECTIONS | | | QUANTITY | REFILLS |
|---|---|---|---|---|
| ❑ Afinitor® | _____ | _____ | _____ | _____ |
| ❑ Avastin® | _____ | _____ | _____ | _____ |
| ❑ Erivedge® | 150mg tablet | _____ | _____ | _____ |
| ❑ Gleevec® | _____ | _____ | _____ | _____ |
| ❑ Sprycel® | _____ | _____ | _____ | _____ |
| ❑ Sutent® | _____ | _____ | _____ | _____ |
| ❑ Tarceva® | ❑ 25mg tablet<br>❑ 100mg tablet<br>❑ 150mg tablet | _____ | _____ | _____ |
| ❑ Targretin® | _____ | _____ | _____ | _____ |
| ❑ Tasigna® | _____ | _____ | _____ | _____ |
| ❑ Temodar® | _____ | _____ | _____ | _____ |
| ❑ Xeloda® | _____ | _____ | _____ | _____ |
| ❑ Zelboraf® | 240mg tablet | _____ | _____ | _____ |
| ❑ Zytiga® | 250mg tablet | _____ | _____ | _____ |
| | | ****FOR ALL BLOOD STIMULATING PRODUCTS PLEASE SEND A COPY OF THE MOST RECENT COMPLETE LABS DRAWN**** | | |
| ❑ Aranesp® | _____ | _____ | _____ | _____ |
| ❑ Neulasta® | _____ | _____ | _____ | _____ |
| ❑ Neupogen® | _____ | _____ | _____ | _____ |
| ❑ Procrit® | _____ | _____ | _____ | _____ |
| ❑ Other | _____ | _____ | _____ | _____ |
| ❑ Other | _____ | _____ | _____ | _____ |
| ❑ Other | _____ | _____ | _____ | _____ |

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) _____ Substitution Permitted _____ Date _____

Prescriber's Signature (no stamps) _____ Dispense As Written _____ Date _____