



**Garden Grove, CA** toll free 888.206.1872 toll free fax 888.206.3561

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	<input type="checkbox"/> Male <input type="checkbox"/> 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

Diagnosis: ☐ Z94.0 Kidney Transplant ☐ Z94.83 Pancreas Transplant ☐ Z94.82 Intestine Transplant ☐ Z94.4 Liver Transplant

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Transplant: \_\_\_\_\_

Print Labels in: ☐ Spanish ☐ English

Allergies: \_\_\_\_\_ ☐ NKDA

[illegible]

<input type="checkbox"/> ,M.D.– DEA#, LIC#	<input type="checkbox"/> ,M.D.– DEA#, LIC#	<input type="checkbox"/> ,M.D.– DEA#, LIC#
<input type="checkbox"/> ,M.D.– DEA#, LIC#	<input type="checkbox"/> ,M.D.– DEA#, LIC#	<input type="checkbox"/> ,M.D.– DEA#, LIC#
Contact Person <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and its 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
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