



Garden Grove, CA toll free 888.206.1872 toll free fax 888.206.3561

krogerspecialtypharmacy.com

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

PATIENT INFO		PRESCRIBER INFO	
Patient Name		Prescriber Name	
Address		DEA #	NPI # License #
City, State, Zip		Address	
Main Phone	Alternate Phone	City, State, Zip	
Social Security #		Phone	Fax
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Contact Person	

CLINICAL INFORMATION

Date of Transplant: _____

Print Labels in: ☐ Spanish ☒ English

Allergies: _____ NKDA

[illegible]

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)

Dispense As Written

Date _____

Prescriber's Signature (no stamps)

Substitution Permitted

Date _____

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