



SPECIALTY PHARMACY

# GENERAL

Orlando, FL toll free 855.274.1694 toll free fax 855.819.6922

[krogerspecialtypharmacy.com](http://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	

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

## CLINICAL INFORMATION

Diagnosis (include ICD-10 code if available) \_\_\_\_\_  
Drug Allergies: \_\_\_\_\_

Prior Failed Meds	Length of Treatment	Reason for Discontinuing

## PRESCRIPTION INFORMATION

Medication	Strength	Dose/Frequency	Quantity	Refills

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.