



SPECIALTY PHARMACY

GENERAL

Garden Grove, CA toll free 800.228.3643 toll free fax 866.539.1092

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 |
|-------------------|---------------------|--------------------------|
| | | |
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PRESCRIPTION INFORMATION

| Medication | Strength | Dose/Frequency | Quantity | Refills |
|------------|----------|----------------|----------|---------|
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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.