

## **TRANSPLANT**

Garden Grove, CA toll free 888.206.1872 toll free fax 888.206.3561

krogerspecialtypharmacy.com

|  |                               |                     |   |                         | - <b>5</b> - 1 - 1 |                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
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| SPECIALTY PHARMACY                             | DATE:                         | NEEDS BY DATE:      | SHIP TO: 🖵 PATIEN                         | T 🗖 OFFICE 🗖 OTHER_     |                    |                 |   |
| P  |                               | PRESCRIBER INFO     |   |                         |                    |                 |   |
| Patient Name                                   |                               |                     | Prescriber Name                           |                         |                    |                 |   |
| Address  |                               |                     | DEA #                                     | NPI#                    | License            | #               |   |
| City, State, Zip                               |                               |                     | Address                                   |                         |                    |                 |   |
|  | Division                      |                     |   |                         |                    |                 |   |
| Main Phone Alternate Phone                     |                               |                     | City, State, Zip                          |                         |                    |                 |   |
| Social Security #                              |                               |                     | Phone                                     | Fax                     |                    |                 |   |
| Date of Birth                                  | ☐ Male                        | Female              | Contact Person                            |                         |                    |                 | -                                       |
| INSUF  | RANCE: PLEASE                 | FAX COPY OF PRES    | SCRIPTION CARD & ME                       | DICAL CARD FRO          | ONT & BACK         | (               |   |
|  |                               | CLINICA             | L INFORMATION                             |                         |                    |                 |   |
| Diagnosis: □ Z94.1 Heart Transp                |                               |                     |   | of Transplant           |                    |                 |   |
| Height/Weight                                  |                               |                     |   | NKDA                    | Print Labels i     |                 |   |
| MEDICATION                                     |                               | DIF                 | RECTIONS FOR USE                          |                         | QTY                | DNS             | REFILLS                                 |
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| □ ,M.D.– DEA#, LIC#                            |                               | □ ,M.D.– DEA#, LIC# |   | □ ,M.D.– DEA#,          | .I IC#             |                 |   |
| □ ,M.D DEA#, LIC#                              |                               | ,M.D DEA#, LIC#     |   | □ ,M.D.– DEA#,          |                    |                 |   |
| Contact Person                                 |                               | G,M.D DEA#, EIC#    |   | □ ,W.D DEA#             | ,,                 |                 |   |
| By signing this form and utilizing our service | es, you are authorizing Kroge |                     | loyees to serve as your prior authorizati |                         | with medical and r | orescription in | surance companies                       |
| Prescriber's Signature (no stamps)             | Dispense As Written           | Date                | Prescriber's Signature                    |                         | on Permitted       |                 | Date                                    |
| rescribers signature (no stamps)               | PISPELISE AS MILITED          | Date                | LIESCHDEL 2 SIGNATULE (                   | TIO STRUTTON SUDSTITUTE | on remillited      |                 | Date                                    |