

General Patient Enrollment



DATE	NEEDS BY DATE	SHIP TO: <input type="checkbox"/> PATIENT <input type="checkbox"/> OFFICE - FIRST DOSE <input type="checkbox"/> OFFICE - ALL DOSES <input type="checkbox"/> OTHER:
REFERRED BY		TEL

PATIENT INFORMATION ALL INFORMATION IS CONFIDENTIAL AND USED FOR CLINICAL PURPOSES ONLY

Patient Name		Preferred Name	
Main Phone	Alternative Phone	Date of Birth	Social Security #
Address		City, State, Zip	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> MtF Female <input type="checkbox"/> FtM Male <input type="checkbox"/> other:			
Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> other:			Pronouns
Allergies			

PRESCRIBER INFORMATION

Prescriber Name	
Address	City, State, Zip
Office Contact	Phone

PLEASE FAX BOTH SIDES OF PRESCRIPTION CARD AND MEDICAL CARD

INSURANCE

<input type="checkbox"/> Private Insurance ID#:	<input type="checkbox"/> Medicaid ID#:
<input type="checkbox"/> Medicare Part D ID#:	<input type="checkbox"/> Other: ID#:

PRESCRIPTION INFORMATION

<input type="checkbox"/> Written Below		<input type="checkbox"/> E-Prescribed	<input type="checkbox"/> Phoned In	<input type="checkbox"/> Faxed Separately	<input type="checkbox"/> Compliance Packaging	<input type="checkbox"/> Spanish Instructions
MEDICATION	DOSE/STRENGTH	DIRECTIONS		QUANTITY	REFILLS	
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

Dispense As Written (no stamps) Date Substitution Permitted (no stamps) Date

1. In order for a brand name product to be dispensed, the prescriber must write "Brand Necessary" or "Brand Medically Necessary" or any required state-specific language.
 2. By signing this form, you are authorizing the pharmacy and its representatives to act on your behalf to obtain prior authorizations for the prescribed medication(s). We will also pursue available copay and financial assistance on behalf of your patients when available.
 3. The pharmacy can only accept faxed prescriptions directly from a prescriber's office.
 4. Prescribers must comply with any of their state-specific prescription requirements.