

FAX FORM TO: 1.877.597.3070

PHONE: 1.800.473.3516

EMAIL: specialty@wellpartner.com

Complete the following or include demographic sheet.

1. PATIENT INFORMATION	
Name:	
Address:	
City, State, ZIP:	
Primary Phone: - -	DOB: / /
Alternate Phone: - -	Gender:
Email:	
Primary Language:	Last Four of SSN:

2. PRESCRIBER INFORMATION		
Name:		
DEA #:	NPI #:	State Lic. #:
Group or Hospital:		
Address:		
City, State, Zip:		
Phone: - -	Fax: - -	
Contact Person:	Phone: - -	

3. INSURANCE INFORMATION		<i>Fax copy of prescription and insurance cards with this form, if available (front and back)</i>	
Primary Insurance Company Name:		Secondary Insurance Company Name:	
Primary Cardholder Name:		Secondary Cardholder Name:	
Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent		Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent	
Phone: - -	Member ID:	Group #:	

4. DIAGNOSIS AND CLINICAL INFORMATION			
Needs by Date: / /		Ship to: <input type="radio"/> Patient <input type="radio"/> Office <input type="radio"/> Other:	
Date of Diagnosis: / /		Date of Transplant: / /	
		Date of Discharge: / /	
<input type="radio"/> Z94.0 Kidney <input type="radio"/> Z94.1 Heart <input type="radio"/> Z94.2 Lung <input type="radio"/> Z94.7 Liver <input type="radio"/> Z94.81 Bone Marrow <input type="radio"/> Z94.82 Intestines <input type="radio"/> Z94.83 Pancreas <input type="radio"/> Z94.84 Stem Cells <input type="radio"/> Z94.89 Other specified organ or tissue:		Was there a prior transplant failure of the same organ? <input type="radio"/> Yes <input type="radio"/> No Was transplant covered by Medicare Part A? <input type="radio"/> Yes <input type="radio"/> No Was patient enrolled in Medicare Part B at time of discharge? <input type="radio"/> Yes <input type="radio"/> No Allergies: Current Medications:	

5. PRESCRIPTION INFORMATION				
Medication	Dose/Strength	Directions	Quantity	Refills
<input type="radio"/> Astagraf XL	<input type="radio"/> 0.5 mg <input type="radio"/> 1 mg <input type="radio"/> 5 mg			
<input type="radio"/> Azathioprine	<input type="radio"/> 50 mg			
<input type="radio"/> Cellcept (mycophenolate)	<input type="radio"/> 250 mg <input type="radio"/> 500 mg			
<input type="radio"/> Envarsus XR	<input type="radio"/> 0.75 mg <input type="radio"/> 1 mg <input type="radio"/> 4 mg			
<input type="radio"/> Gengraf (cyclosporine-modified)	<input type="radio"/> 25 mg <input type="radio"/> 100 mg			
<input type="radio"/> Myfortic (mycophenolic acid)	<input type="radio"/> 180 mg <input type="radio"/> 360 mg			
<input type="radio"/> Neoral (cyclosporine-modified)	<input type="radio"/> 25 mg <input type="radio"/> 100 mg			
<input type="radio"/> Prednisone	<input type="radio"/> 5 mg			
<input type="radio"/> Prograf (tacrolimus)	<input type="radio"/> 0.5 mg <input type="radio"/> 1 mg <input type="radio"/> 5 mg			
<input type="radio"/> Rapamune (sirolimus)	<input type="radio"/> 0.5 mg <input type="radio"/> 1 mg <input type="radio"/> 2 mg			
<input type="radio"/> Sandimmune (cyclosporine-nonmodified)	<input type="radio"/> 25 mg <input type="radio"/> 100 mg			
<input type="radio"/> Zortress	<input type="radio"/> 0.25 mg <input type="radio"/> 0.5 mg <input type="radio"/> 0.75 mg			
<input type="radio"/>				

Ancillary supplies and kits will be provided as needed for administration.

6. PRESCRIBER SIGNATURE	
X _____ / /	X _____ / /
DISPENSE AS WRITTEN	PRODUCT SUBSTITUTION PERMITTED
DATE	DATE

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address or telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.