



SPECIALTY CARE SOLUTIONS

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E-Scripts NCPDP#3199367 NPI#1881932093

Multiple Sclerosis Rx Referral Form
Infusion Agents

Date Medication Needed: Ship To: Patient's Home Prescriber's Office Or Pick-up from Pharmacy Injection needed by pharmacy? Yes No

1: Patient Information
Patient Name: Birthdate: Sex: Male Female Height: Weight: lbs. kg.
Soc. Sec. #: Preferred Phone: Known Allergies:
Address: City: State: Zip:
Alternate Caregiver Name: Preferred Phone:

Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

2: Clinical Information (Please fax all pertinent clinical and lab information)
Diagnosis: G35 (Multiple Sclerosis) Diagnosis Date:
Type: Clinically isolated syndrome Relapsing-remitting Secondary-progressive Primary-progressive Progressive-relapsing
Hepatic Impairment present: Yes No Ast: U/L ALT: U/L Bilirubin: mg/dL Lab date:
Pre-existing hepatic conditions: HBV HCV TB Test: Positive Negative Test Date:
Prior Therapy Yes No Reason for Discontinuation of Therapy Approximate Start Date Approximate End Date
Comorbidities:
Concomitant Medications:
Allergies: NKDA Other:

3: Prescriber Information
Prescriber Name: DEA#: NPI#: Tax ID#:
Address: Phone: Fax:
City: State: Zip: Key Contact: Phone:

4: Prescription Information
Table with columns: Medication, Directions, Quantity, Refill. Includes rows for Lemtrada (alemtuzumab) and Ocrevus (ocrelizumab).

Patient Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program

Patient Signature: Date:

I authorize Park Ave. Pharmacy and its representatives to act as an agent to execute Prior authorization process.

Prescriber Signature: Prescriber, please sign and date below

Substitution Permissible Date Dispense as written Date

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.