



SPECIALTY CARE SOLUTIONS

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E-Scripts NCPDP#3199367 NPI#1881932093

Multiple Sclerosis Rx Referral Form
Self-Injectable

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 5 columns: Medication, Directions, Quantity, Refill, and a column for additional options (Pens, PFS, Vial). Rows include Avonex, Betaseron, Copaxone, Glatiramer, and WhisperJECT.

Extavia, Plegridy, Rebif, Zinbrya are available on the Multiple Sclerosis - Self-Injectable Agents Enrollment Form E-Z 5

Injection Training Provided by: Physician's Office Pharmacy Other:

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.