



MOUNTAINVIEW
PHARMACY
Where we deliver care...

Fax:
770-272-9613

DERMATOLOGY

↓ **Must Be Filled Out** ↓

<input type="checkbox"/> New Patient	<input type="checkbox"/> Current	Date
Patient's Name		Prescriber's Name and Title
D.O.B.	<input type="checkbox"/> Male <input type="checkbox"/> Female Last 4 digits of SSN	Street Address Suite #
Street Address	Apt #	City State Zip
City	State Zip	Phone Fax
Home Phone	Cell Phone	NPI #
E-mail Address	DEA #	
Bin/PCN/Grp/ID	<div style="border: 1px solid orange; padding: 5px;"> <p>In order to dispense brand, BRAND MEDICALLY NECESSARY must be handwritten:</p> </div>	
Insured's Name		
Relationship to Patient		
Does Patient have a secondary insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Allergies		

Diagnosis / Clinical Information	
Diagnosis:	
Date of Diagnosis (or years with disease):	
Has patient been treated previously for the condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, medication/therapy failed (length of therapy):	
Has Patient received PPD (tuberculosis) Skin Test? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Hepatitis B been ruled out or treatment been initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does patient have a latex allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ % BSA affected by Psoriasis	

Prescription Information				
Medication	Dose / Strength	Sig	Qty	Refills
<input type="checkbox"/> Enbrel*	<input type="checkbox"/> 50mg/ml Prefilled Syringe <input type="checkbox"/> 50mg/ml SureClick™ Autoinjector <input type="checkbox"/> 25mg/0.5ml Prefilled Syringe	<input type="checkbox"/> Induction Dose: Inject 50mg SC TWICE a week (72-96) hours apart for three months <input type="checkbox"/> Maintenance Therapy: Inject 50mg SC ONCE a week <input type="checkbox"/> Other:		
<input type="checkbox"/> Humira® <input type="checkbox"/> Injection training from My Humira	<input type="checkbox"/> 20mg/0.4ml Prefilled Syringe (2 doses) <input type="checkbox"/> 40mg/0.8ml Pen (2 doses) <input type="checkbox"/> 40mg/0.8ml Prefilled Syringe (2 doses) <input type="checkbox"/> 40mg Kit 4x0.8ml <input type="checkbox"/> 40mg Starter Kit 6x0.3ml	<input type="checkbox"/> Induction Dose: Inject 80mg SC on Day 1 <input type="checkbox"/> Maintenance Therapy: Inject 40mg SC every other week (starting 1 week after initial dose) <input type="checkbox"/> Other:	<input type="checkbox"/> Initial Dose 1 <input type="checkbox"/> Other:	
<input type="checkbox"/> Stelara®	<input type="checkbox"/> 45mg/0.5ml Prefilled Syringe <input type="checkbox"/> 90mg/1ml Prefilled Syringe	Starter Dose: <input type="checkbox"/> Inject 45mg SC (patient<100kg) at Day 1 <input type="checkbox"/> Inject 90mg SC (patient<100kg) at Day 1 Maintenance: <input type="checkbox"/> Inject 45mg SC (patient<100kg) 28 days after starter dose and then every 12 weeks <input type="checkbox"/> Inject 90mg SC (patient<100kg) 28 days after starter dose and then every 12 weeks <input type="checkbox"/> Other:	<input type="checkbox"/> Initial Dose 1 <input type="checkbox"/> Other:	
<input type="checkbox"/> Otezla		<input type="checkbox"/> 28 day starter pack <input type="checkbox"/> 30mg twice daily		
<input type="checkbox"/> Targretin® (Capsules)	<input type="checkbox"/> 75mg Capsules			
<input type="checkbox"/> Targretin® (Gel)	<input type="checkbox"/> 1% Gel	Apply every other day for 1 week then at weekly intervals increase to once daily; then twice daily, then three times daily, and finally four times daily.		
<input type="checkbox"/> Cosentyx	<input type="checkbox"/> 150mg in mL			

I authorize Mountainview Pharmacy, Inc and its representative to act as my agent to initiate and execute insurance prior authorization process for this script and any future fills of the same script for the patient listed above and to sign any forms necessary on my behalf as an authorized agent. I understand I can revoke this designation at any time.

Physician Office Contact: Name:	Email:
Phone:	Fax:
Physician Signature:	Date:

Email: mountainview2327@att.net