Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy. Prescribers are reminded patients may choose any pharmacy of their choice.

Lifeline Specialty Pharmacy

Infectious Disease Referral Form

6304 Woodside Ct, Ste 100 Columbia, MD 21046



Send your Rx to: Phone: 1-833-4-LIFELINE (1-833-454-3354) Fax: 1-833-785-4461

NPI: 1568975464

If you have questions or concerns, please contact us.

Patient Name: Birthdate: Sex: Male Female Height: Soc. Sec. #: Preferred Phone: Known Allergies: City: Aldress: City: Preferred Phone: Preferred Phone: Preferred Phone: Preferred Phone: Preferred Phone: Primary Prescription Insurance Rx Bin Rx PCN Patient ID/Policy Number Patient Rx Group No. 3: Prescriber Information Provider Name: DEA#: NPI#: Address: Phone: City, State, Zip: Key Contact: Key Contact: Diagnosis/Clinical Information Please FAX recent clinical notes, Labs, Tests, with the prescription Diagnosis: Drug Allergies: Previous/Failed Medications Date and Duration Previous/Failed Medications Date and Duration Date and Duration Previous/Failed Medications Date and Duration Date and Duration Date and Duration Previous/Failed Medications Date and Duration Date and Duration Date and Duration Previous/Failed Medications Date and Duration Date and Duration Previous/Failed Medications Date and Duration Date and Date and Duration Date and	by pharmacy?
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4: Diagnosis/Clinical Information Please FAX recent clinical notes, Labs, Tests, with the prescription Diagnosis: Drug Allergies: Previous/Failed Medications Date and Duration Sig Cresemba 186mg tablet Take tablets by mouth time(s) a day Other Difficid 200mg tablet Take one tablet by mouth twice a day	on to expedite the Prior Authorization ICD-10: on of Therapy
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Noxafil □ 100mg tablet □ Take tablets by mouth time(s) a day □ Other	
Wound 1:xcm _Location Apply to wound on Wound 2:xcm _Location frequently if dressing Wound 3:xcm _Location for days	ce daily (or more ng becomes soiled)
Vancomycin Clostridium Dificile: Take a 125mg capsule every 6 hours for 10	days
250mg capsule Enterocolitis Sig	
☐ Tobi Podhaler Inhale 4 capsules via device in the AM and PM, 28 days on, 28	ays off 224
Other	
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atient Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patien	ıt support program
tient Signature: Date:	
rescriber Signature: Prescriber, please sign and date below	
ispense as written Date Substitution Permissible	

I authorize Lifeline Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process. 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. Pursuant to VA/OH/MO/VT law, only 1 medication is permitted per order form. Please use a new form for additional items.

of Prescriptions: