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Silver Rod Specialty Care Pharmacy

ONCOLOGY REFERRAL FORM

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Today's Date

Anticipated Start Date

NEW PATIENT

CURRENT PATIENT

PATIENT INFORMATION:

Patient Name _____ DOB _____ Weight _____ Male Female
 Street Address _____ Apt# _____ City _____ State _____ Zip _____
 Daytime Tel _____ Even Tel _____ Cell _____ Email _____
 Ship to Patient at Home Work **OR** Patient will pick up at Physician Office Pharmacy Date Needed _____
 Insured's Name _____ Relation to Patient _____ Eligible for Medicare Yes No If yes, Medicare# _____
 Prescription Card Yes No If Yes, Carrier _____ Tel _____ Fax _____ Policy/Group# _____
 Bin# _____ Pcn# _____ RX Group# _____ RXID# _____

PRESCRIBING PHYSICIAN INFORMATION:

Prescriber's Name _____ Office Contact _____
 Street Address _____ Suite# _____ City _____ State _____ Zip _____
 Tel _____ Fax _____ Email _____
 License# _____ NPI# _____ UPIN# _____ DEA# _____

CLINICAL INFORMATION:

Diagnosis: _____ **Medication List:** _____
ICD-10 Code: _____
Allergies: _____
Current/Prior Therapies: Please include medication name/strength, duration of rx, and reason for discontinuation

PRESCRIPTION

PLEASE E-SCRIBE & ATTACH COPIES OF PATIENT'S INSURANCE CARDS

Medication: ORALS	Medication: INJECTABLES	Dose/Strength	Directions	Quantity	Refills
Afinitor (everolimus)	Abraxane (Paclitaxel protein-bound)				
Anastrozole	Adriamycin (Doxorubicin)				
Bicalutamide	Adrucil (fluorouracil)				
Bosulif (bosutinib)	Alimta (pemetrexed)				
Cytosan (cyclophosphamide)	Avastin (bevacizumab)				
Exemestane	Blenoxane (Bleomycin)				
Gleevec (imatinib mesylate)	Camptosar (Irinotecan)				
Ibrance (palbociclib)	Cisplatin (Platinol, CDDP)				
Inlyta (axitinib)	Darzalex (daratumumab)				
Kisqali (ribociclib)	Eligard (Leuprolide Acetate)				
Letrozole	Eloxatin (oxaliplatin)				
Leukeran (chlorambucil)	Empliciti (elotuzumab)				
Lonsurf (trifluridine and tipiracil)	Erbitux (cetuximab)				
Ninlaro (ixazomib)	Faslodex (fulvestrant)				
Sprycel (dasatinib)	Gazyva (Obinutuzumab)				
Sutent (sunitinib malate)	Gemzar (gemcitabine)				
Tarceva (erlotinib HCL)	Herceptin (trastuzumab)				
Targretin (bexarotene)	Jevtana (cabazitaxel)				
Tasigna (nilotinib)	Kadcyla (ado-trastuzumab emtansine)				
Temodar Capsules (temozolomide)	Keytruda (pembrolizumab)				
Toposar (etoposide injection, USP)	Lupron Depot (leuprolide acetate)				
Tykerb (lapatinib)	Marqibo (Vincristine)				
Votrient (pazopanib)	Opdivo (nivolumab)				
Xalkori (crizotinib)	Paraplatin (Carboplatin)				
Xeloda (capecitabine)	Perjeta (pertuzumab)				
Zyfiga (abiraterone)	Rituxan (rituximab)				
Other: _____	Taxol (paclitaxel)				
	Taxotere (docetaxel)				
	Trelstar (Triptorelin Pamoate)				
	Velbe (Vinblastine)				
	Velcade (bortezomib)				
	Vidaza (Azacitidine)				

PRESCRIBER SIGNATURE: (signature required. NO STAMPS)

DATE:

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