

ONCOLOGY PRESCRIPTION FORM

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.

Owl Specialty Pharmacy

1010 E. Arrow Hwy., Covina, CA 91724

Phone: 626-209-8169 Fax: 626-209-8171 or 855-817-9523

www.owlspecialty.com



Patient Information: please provide a copy of the patient's insurance card or information				
Patient Name:		DOB:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	HT:
Address:		City:	State:	Zip Code:
Insurance:	Subscriber's name:	ID#:	Group #:	
Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> List allergies:				
Oral Oncolytics				
ICD-10:			Diagnosis:	
<input type="checkbox"/> Afinitor (everolimus)	<input type="checkbox"/> Jadenu (deferasirox)	<input type="checkbox"/> Tafenlar (dabrafenib)	Dose/QTY/Directions:	
<input type="checkbox"/> Arimidex (anastrozole)	<input type="checkbox"/> Keytruda (pembrolizumab)	<input type="checkbox"/> Targretin (bexarotene)		
<input type="checkbox"/> Aromasin (exemestane)	<input type="checkbox"/> Kisqali (ribociclib)	<input type="checkbox"/> Tassigna (nilotinib)		
<input type="checkbox"/> Cometriq (cabozantinib)	<input type="checkbox"/> Mekinist (trametinib)	<input type="checkbox"/> Temodar (temozolomide)		
<input type="checkbox"/> Farydak (panobinostat)	<input type="checkbox"/> Ninlaro (ixazomib)	<input type="checkbox"/> Tykerb (lapatinib)		
<input type="checkbox"/> Femara (letrozole)	<input type="checkbox"/> Nolvadex (tamoxifen)	<input type="checkbox"/> Votrient (pazopanib)		
<input type="checkbox"/> Gleevec (imatinib)	<input type="checkbox"/> Promacta (eltrombopag)	<input type="checkbox"/> Xeloda (capecitabine)		
<input type="checkbox"/> Herceptin (trastuzumab)	<input type="checkbox"/> Sandostatin (octreotide acetate)	<input type="checkbox"/> Zykadia (ceritinib)		
<input type="checkbox"/> Hycamtin (topotecan)	<input type="checkbox"/> Sprycel (dasatinib)	<input type="checkbox"/> Zytiga (abiraterone acetate)		
Refills:				
Ancillary Medications				
<input type="checkbox"/> Aranesp (darbepoetin alfa)	<input type="checkbox"/> Neupogen (filgrastim)	Dose/QTY/Directions:		
<input type="checkbox"/> Arixtra (fondaparinux)	<input type="checkbox"/> Neulasta (pegfilgrastim)			
<input type="checkbox"/> Ativan (lorazepam)	<input type="checkbox"/> Prednisone			
<input type="checkbox"/> Benadryl (diphenhydramine)	<input type="checkbox"/> Procrit (epoetin alfa)			
<input type="checkbox"/> Caphasol	<input type="checkbox"/> Sancuso (granisetron)			
<input type="checkbox"/> Emend (aprepitant)	<input type="checkbox"/> Zofran (ondansetron)	Refills:		
<input type="checkbox"/> Lovenox (enoxaparin)	<input type="checkbox"/> Other:			
Prescriber Information				
Prescriber name:		Phone:	Office contact name:	
Prescriber address:		City:	State:	Zip:
NPI:	DEA:	Fax and/or Email:		
Prescriber signature:		Date Written:	<input type="checkbox"/> DO NOT SUBSTITUTE	

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