## **DERMATOLOGY PRESCRIPTION FORM (Part 1)**

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

		Pa	tient Information: p	olease provide a	copy of the	e patient's insu	urance card or	information			
Patient Name:				DOB:		Gender: □ F □ M		нт:		WT:	
Address:				City:		State:	Zip Code:	1	Phone:	1	
			·		Zip Gode.						
			T=						ļ		
Insurance: Subscriber's			Subscriber's name:		ID#:			Group #:			
Allergies: 🗆 NKDA 🗆	List allergies:					1			II.		
	Oliminal Diamon	!	f:  -								
	Ciinicai Diagno	sis: pie	ase fax or email rele	vant clinical note	s, labs, tes	sts and previou	us medicai nist	ory to expedite pric	or authorizati	on	
Diagnosis / ICD-10: 🗆				ic Arthritis /		🗆 Chr	ronic Idiopathic U	Irticaria /			
□ Hidradenitis Suppurat	iva /		□ Other:								
	Diagnosad with:	isonogod with: GCHE GLatov Allorov GMS GHop R/C G Malignopov							hood = nook	= gonitalia	
	Diagnosed with:	Diagnosed with: □ CHF □ Latex Allergy □ MS □ Hep B/C □ Malignancy  Affected are						as: □ palms □ soles □ head □ neck □ genitalia			
DCO/DCA	TB/PPD test: Y	TB/PPD test: Y / N Date of negative test:					% of BSA affected:				
PSO/PSA											
		tient is currently on therapy (Start date/) Prior Therapies: Please include biologics, MTX, PUVA, topicals, UVB/NBUVB and trials, including dates of ment and reasons for discontinuation.									
	ueaunent and rea	asons 101	discontinuation.								
Medication Dose / Str			rength	Directions				Quantity	Refills		
□ Adbry™ □ 150 ı		☐ 150 mg/ mL single-use prefilled syringe			☐ Loaiding dose - 600mg SC ☐ Maintenance dose - 300mg SC every 2 weeks						
								eeks			
☐ 100 mg t ☐ 200 mg t ☐ Cimzia® ☐ Starter K ☐ 200 mg/ i		□ 50 mg tablet			☐ 50 mg PO once daily						
			☐ 100 mg PO once daily				#30				
				☐ 200 mg PO once daily							
		t	☐ 400 mg SC weeks 0, 2 and 4								
		mL prefilled syringe	☐ 400 mg SC every 2 weeks								
		lyophilized vial									
□ 150 mg/		mL single-use prefilled s			SC weeks 0, 1, 2,						
		mL Sensoready pen	☐ Maintenance dose - 300 mg SC every 4 weeks								
syringe with □ 300 mg/ :		1.14 mL solution in a sin	☐ Loading dose - Inject 2 syringes SC on day 1 in two different injection sites ☐ Maintenance dose - Inject 1 syringe SC every other week								
		rneedie snieid 2 mL solution in a single									
		needle shield	= maintenance according to construction mean								
		L (latex free)	☐ 50 mg SC twice weekly for 3 months								
□ 50 mg/ m □ 50 mg/ m prefilled car		L SureClick® autoinject	□ 50 mg SC once weekly								
		L prefilled syringe									
		L solution in Enbrel Min	□ Other:								
		tridge for use with the A	2 54.61.								
		toinjector only									
☐ Humira® - Citrate Fre	ee 🗆	Starter Ki	t - 80 mg / 0.8 mL pen		☐ Inject 16	0 mg SC day 1:	80 mg day 15: two	o weeks later (day			
(Hidradenitis Suppurativa) ☐ 80 mg / 0			29), begin a maintenance dose of 40 mg every week								
		g / 0.4 ml pen			☐ Inject 40 mg SC weekly starting day 29						
							her week starting				
(PSO/PSA)		it - 80 mg / 0.8 mL and 40 mg / 0.4mL		☐ Initial dose of 80 mg SC, followed by 40 mg every other week starting one week after initial dose							
			-								
□ 40 mg			40 mg/ 0.4 mL pens or prefilled syringes			☐ 40 mg SC every other week					
				Presc	riber Information						
Prescriber name:				Phone:	·			Office contact name	e:		
Prescriber address:					City				State:	7in:	
Frescriber address:					City:				otate:	Zip:	
NPI:		DEA:			Email / Fax:			l .	ı		
Signature:							Date:		□ DO NOT S	SUBSTITUTE	
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Important Notice: This facsimile transmission is intended to be delivered only to the named recipient(s), and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named recipient, immediately notify the sender at the address and phone number set forth herein and obtain instructions as to properly dispose of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except authority of the sender to the named addressee.