Medical Center
PHARMACY
Service Delivery Trust Since 1924

Urology

Phone # 1-844-546-7577 • 619-263-1998
Fax # 1-844-240-2518 • 619-243-3245

Patients must bring an original prescription to the pharmacy. Faxed prescriptions will only be accepted from a prescribing practitioner.

PATIENT INFORMATION

☐ Deliver Here

Patient Name: _____
Address: _____
City, State, Zip: _____
Primary Phone: _____ DOB: _____
Alternate Phone: _____ Gender: ☐ Male ☐ Female
Email : _____
Last 4# of SS: _____

PRESCRIBER INFORMATION

☐ Deliver Here

Name: _____
State License #: _____ NPI: _____
DEA #: _____ Tax ID _____
Address: _____
City, State Zip: _____
Phone: _____ Fax: _____
Contact Person: _____ Phone: _____

INSURANCE INFORMATION

If available, please fax copy of prescription insurance cards with this form (front and back).

DIAGNOSIS AND CLINICAL INFORMATION

Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization Medication

Diagnosis: _____ ICD-10: _____ Serum Creatinine: _____
Renal Dysfunction: ☐ Yes ☐ No Liver Dysfunction: ☐ Yes ☐ No H/H (Hemoglobin/Hematocrit): _____ _____
To expedite prior authorization services, please provide Chemo regimen/schedule, last clinical notes and/or lab values/scans:
Date and value of last HbA1c _____ Date and value of last Serum PSA _____
Date and value of last Serum Testosterone_____ Date of Orchiectomy_____ / _____ / _____

Medication	Dose/Strength	Directions	Qty.	Refills
Lupron Depot®				
Trelstar®				
Eligard®				
Firmagon®				
Casodex®				
Nilandron®				
Zoladex®				
Eulexin®				
Valstar®				
Mitomycin				
Xgeva®	120-mg dose (1.7-mL injection)	Administer once every 4 weeks		
Zytiga®	250 mg	Take 4 tablets daily without food		
With Prednisone	5mg	☐ 5mg BID with food Other:		

Shipped to: ☐ **HOME** ☐ **OFFICE**

PATIENT SUPPORT PROGRAMS: Please sign and date below to enroll in the pharmaceutical company assisted patient support program

Physician Signature: **Date:**

Dispense as written **Date** **Substitution Premissable** **Date**

# of Prescriptions:_____

There are 1 of 4 options for you when finding our company: 1. NPI # - 1821395609, 2. NCPDP # - 5640289
3. Company Name: Community Medical Center Pharmacy, 4. Company Address: 610 Gateway Center Way, San Diego, CA 92102