

Cystic Fibrosis Support Medications



225 Route 46 West Suite 3
Totowa, NJ 07512
Phone: 973-837-6877
Fax: 973-837-6878

Patient Information Prescriber + Shipping Information

Patient name: _____ DOB: _____
 Sex: Female Male SSN: _____
 Language: _____ Wt: _____ kg lbs Ht: _____ cm in
 Address: _____
 Apt/Suite: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Alternate: _____
 Caregiver name: _____ Relation: _____
 Local pharmacy: _____ Phone: _____
 Insurance plan: _____ Plan ID: _____

Prescriber name: _____
 NPI: _____
 Address: _____
 Apt/Suite: _____ City: _____ State: _____ Zip: _____
 Contact: _____
 Phone: _____ Alternate: _____
 Fax: _____
 Email: _____
 If shipping to prescriber: First Fill Always Never

Please fax a copy of front and back of the insurance card(s).

Clinical Information (Please fax all pertinent clinical and lab information)

Diagnosis: E84.0 (pulmonary manifestations) E84.11 (meconium ileus) E84.19 (gastrointestinal manifestations)
 E84.8 (other manifestations) E84.9 (unspecified)
Mutations: F508del G1244E G1349D G178R G551D G551S R117H S1251N S549N S549R S1255P
 Other _____

Prior Therapy	Yes	No	Reason for Discontinuation of Therapy	Approximate Start Date	Approximate End Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Comorbidities: _____
 Concomitant Medications: _____
 Allergies: NKDA Other: _____

Prescription Directions Dosage/Quantity Refill

Prescription	Directions	Dosage/Quantity	Refill
Aquadeks			_____
Multivitamins			_____
Creon®	Take listed number of capsules per meal/snack whole or sprinkled capsule(s) on a small amount of acidic soft food immediately by mouth with water, juice, or other liquid. Do not mix directly into infant formula or breast milk. Do not crush or chew capsule shell or contents.	_____ x 6,000 lipase unit capsules	_____
Pancreaze®		_____ x 12,000 lipase unit capsules	
Pertzye®		_____ x 24,000 lipase unit capsules	
		_____ x 36,000 lipase unit capsules	
Zenpep®	Breakfast: _____ capsules	_____ x 16,800 lipase unit capsules	_____
	Lunch: _____ capsules	_____ x 21,000 lipase unit capsules	
	Dinner: _____ capsules	_____ x 8,000 lipase unit capsules	
	Snacks: _____ capsules	_____ x 16,000 lipase unit capsules	
		_____ x 10,000 lipase unit capsules	
		_____ x 15,000 lipase unit capsules	
		_____ x 20,000 lipase unit capsules	
		_____ x 25,000 lipase unit capsules	
		_____ x 40,000 lipase unit capsules	

Per state-specific law, prescriptions will be dispensed as generic, if applicable, unless notated otherwise: _____

Prescriber's Signature: _____ Date: _____