ePrescribe to our pharmacy "Quality Specialty Pharmacy" zip code "90717"

Lovenox® Referral Form

PHONE 888-631-6982 FAX 800-516-4645

Date: ________________ **Needs by Date:** ________________

Ship to: ☐ Patient ☐ MD Office **Language:** ________________

Nursing Instruction Required: ☐ Yes ☐ No

Prescriber Information:

Prescriber's Name: ________________

Group or Hospital: ________________

DEA #: ________________ NPI: ________________

Address: ________________

City, State, Zip: ________________

Office Phone: ________________ Office Fax: ________________

Office Contact: ________________

PATIENT INFORMATION - Please complete the following ***or send patient demographic sheet***

Patient Name ________________

Address ________________ City ________________ State ________________ Zip Code ________________

Home Phone ________________ Alternate Phone ________________

Email ________________ Date of Birth ________________ Sex ☐ M ☐ F

CLINICAL INFORMATION

(OPTIONAL - but will assist in insurance authorization and patient education)

PLEASE ATTACH ALL PRIMARY AND SECONDARY INSURANCE INFO

Diagnosis:

Clinical Information (if applicable)

Weight: ________________

PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILL
☐ Enoxaparin	30 mg/ 0.3 ml			
☐ Enoxaparin	40 mg/ 0.4 ml			
☐ Enoxaparin	60 mg/ 0.6 ml			
☐ Enoxaparin	80 mg/ 0.8 ml			
☐ Enoxaparin	100 mg/ 1.0 ml			
☐ Enoxaparin	120 mg/ 0.8 ml			
☐ Other				

PHARMACY PHONE (888) 631-6982 PHARMACY FAX (800) 516-4645

Physician's Signature ________________ **Date** ________________

IMPORTANT NOTICE: This facsimile is intended to be delivered only to the named addressee 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 addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.

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