

Urology Referral Form


**QUALITY SPECIALTY
PHARMACY**

Prescriber's Name: _____

DEA #: _____ NPI: _____

Address: _____

Date: _____ Needs by Date: _____

City, State, Zip: _____

Language: _____ Nursing Instruction Required

Phone: _____ Fax: _____

Ship to: Patient MD Office Other: _____

Office Contact: _____

PATIENT INFORMATION: Please complete the following or send patient demographic sheet

Patient Name: _____

Date of Birth: _____ Sex: M F

Height: _____ Weight: _____ lbs

Allergies: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Alternate: _____

Email: _____

PLEASE ATTACH ALL PRIMARY AND SECONDARY INSURANCE INFORMATION**CLINICAL INFORMATION:** Please send recent clinical notes, current medications, labs, and tests to expedite the **Prior Authorization**.

Diagnosis: _____ ICD-10: _____ Prior Failed Meds: _____ Duration: _____

Renal Dysfunction: Yes No Liver Dysfunction: Yes No Metastatic: Yes No Castration Resistant: Yes NoHbA1c _____ Date: _____ Bilateral Orchiectomy Date: _____ Hemoglobin/Hematocrit: _____

Serum Testosterone _____ Date: _____ Serum PSA _____ Date: _____ Serum Creatinine: _____

PRESCRIPTION INFORMATION

Medication	Strength	Directions	Quantity	Refill
<input type="checkbox"/> Mitomycin®	<input type="checkbox"/> 40 mg IV			
<input type="checkbox"/> Zytiga®	<input type="checkbox"/> 250 mg tablet	Take 4 Tablets (1000mg) once daily by mouth on an empty stomach	120	
	<input type="checkbox"/> 500 mg tablet	Take 2 Tablets (1000mg) once daily by mouth on an empty stomach	60	
<input type="checkbox"/> Prednisone	<input type="checkbox"/> 5 mg tablet	<input type="checkbox"/> Take 1 Tablet by mouth twice daily with food	60	
		<input type="checkbox"/> Other:		
<input type="checkbox"/> Xgeva®	<input type="checkbox"/> 120 mg vial			
<input type="checkbox"/> Eligard®	<input type="checkbox"/> 7.5 mg Syringe Kit	Administer subcutaneously once a month	1	
	<input type="checkbox"/> 22.5 mg Syringe Kit	Administer subcutaneously every 3 months	1	
	<input type="checkbox"/> 30 mg Syringe Kit	Administer subcutaneously every 4 months	1	
	<input type="checkbox"/> 45 mg Syringe Kit	Administer subcutaneously every 6 months	1	
<input type="checkbox"/> Lupron Depot®	<input type="checkbox"/> 7.5 mg Syringe Kit	Administer intramuscularly once a month	1	
	<input type="checkbox"/> 22.5 mg Syringe Kit	Administer intramuscularly every 3 months	1	
	<input type="checkbox"/> 30 mg Syringe Kit	Administer intramuscularly every 4 months	1	
	<input type="checkbox"/> 45 mg Syringe Kit	Administer intramuscularly every 6 months	1	
<input type="checkbox"/> Trelstar®	<input type="checkbox"/> 3.75 mg Syr <input type="checkbox"/> 11.25 mg Syr			
	<input type="checkbox"/> 22.5 mg Syr			
<input type="checkbox"/> Firmagon®	<input type="checkbox"/> 120 mg vial	Initial Dose: Administer subcutaneously two 120-mg (240mg) doses		
	<input type="checkbox"/> 80 mg vial	Maintenance Dose: Administer subcutaneously 80 mg every 28 days		
<input type="checkbox"/> Viagra (Sildenafil)	<input type="checkbox"/> 20 mg tablet <input type="checkbox"/> 100 mg tablet <input type="checkbox"/> 50 mg tablet			
<input type="checkbox"/> Cialis (Tadalafil)	<input type="checkbox"/> 5 mg tablet <input type="checkbox"/> 20 mg tablet <input type="checkbox"/> 10 mg tablet			
Other:				

QUALITY SPECIALTY PHARMACYPhysician Signature: _____ Date: _____ Do Not Substitute Initial _____***Prescription is VOID if the Number of drugs prescribed is NOT noted.** _____ 1 2 3

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 center at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitter 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.