

## 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	<b>Initial Dose:</b> Administer subcutaneously two 120-mg (240mg) doses		
	<input type="checkbox"/> 80 mg vial	<b>Maintenance Dose:</b> 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			
<b>Other:</b>				

**QUALITY SPECIALTY PHARMACY**Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Do Not Substitute Initial \_\_\_\_\_

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.