ONCOLOGY ORAL MEDICATIONS ENROLLMENT FORM

Phone: 908-583-6665 | Fax: 888-474-0976

Email: lindensprx@gmail.com

SIX SIMPLE STEPS TO SUBMITTING A REFERRAL

1 PATIENT INFORMATION (Complete or include demographic sheet)

Patient Name Address City, State, ZIP

Preferred Contact Methods Phone (to primary # provided below) Text (to cell # provided below) Email (to email provided below)

Note: Carrier charges may apply. If unable to contact via text or email, Specialty Pharmacy will attempt to contact by phone.

Primary Phone Alternate Phone Date of Birth Gender Male Female

Email Last Four of SSN Primary Language

2 PRESCRIBER INFORMATION

Prescriber's Name State License Number

NPI Number DEA Number Group or Hospital

Address City, State, ZIP

Phone Fax Contact Person Contact's Phone

3 INSURANCE INFORMATION Please fax copy of prescription and insurance cards with this form, if available (front and back)

4 DIAGNOSIS AND CLINICAL INFORMATION

Needs by Date Ship to Patient Office Other

Diagnosis (ICD-10):

E22.0 acromegaly and pituitary giantism Other Code Description

Patient Clinical Information

Allergies Height in/cm Weight lb/kg

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Please complete Patient and Prescriber Information

Patient Name: Patient Date of Birth:

Prescriber Name: Prescriber Phone:

5 PRESCRIPTION INFORMATION

Medications:

Revlimid REMS™ Program Physician Auth #: Date #:

Pomalyst REMS™ Program Physician Auth #: Date #:

Thalomid REMS™ Program Physician Auth #: Date #:

Diagnosis:

MDS D46.9

MDS C90.00

MDS C83.10

Pregnancy Category:

Adult Female – Reproductive Potential

Female Child – Reproductive Potential

Adult Female – NOT of Reproductive Potential

Female Child – NOT of Reproductive Potential

Adult Male

Male Child

Medications:

Afinitor® (everolimus)
Afinitor® Disperz (everolimus)
Alecensa® (alectinib)
Alunbrig™ (brigatinib)
Bosulif® (bosutinib)
Cabometyx™ (cabozantinib)
Cotellic™ (cobimetinib)
Erivedge® (vismodegib)
Erleada™ (apalutamide)
Farydak® (panobinostat)
Gleevec® (imatinib mesylate)
Hycamtin® Capsules (topotecan)
Ibrance® (palbociclib)
Idhifa® (enasidenib)
Inlyta® (axitinib)
Iressa® (gefitinib)
Jakafi® (ruxolitinib)
Kisqali® (ribociclib)
Lenvima® (lenvatinib)
Lonsurf® (trifluridine & tipiracil)
Lorbrena® (lorlatinib)
Lynparza® (olaparib)
Mekinist® (trametinib)
Nerlynx™ (neratinib)
Nexavar® (sorafenib)
Ninlaro® (ixazomib)
Odomzo® (sonidegib)
Pomalyst® (pomalidomide)
Purixan® (mercaptopurine)
Revlimid® (lenalidomide)
Rubraca™ (rucaparib)
Rydapt® (midostaurin)
Sprycel® (dasatinib)
Stivarga® (regorafenib)
Sutent® (sunitinib malate)
Tafinlar® (dabrafinib)
Tagrisso™ (osimertinib)
Talzenna® (talazoparib
Tarceva® (erlotinib HCl)
Targretin® Capsules (bexarotene)
Tasigna® (nilotinib)
Temodar® Capsules (temozolomide)
Thalomid® (thalidomide)
Tykerb® (lapatinib)
Verzenio™ (abemaciclib)
Vitrakvi® (larotrectinib)
Vizimpro® (dacomitinib)
Votrient® (pazopanib)
Xalkori® (crizotinib)
Xeloda® (capecitabine)
Xtandi® (enzalutamide)
Zelboraf® (vemurafenib)
Zolinza® (vorinostat)
Zydelig® (idelalisib)
Zykadia™ (ceritinib)
Zytiga® (abiraterone)
Other:

PRESCRIPTIONS	DRUG NAME/STRENGTH	SIG/DIRECTIONS	QUANTITY/REFILLS
RX 1	Other:	Other:	Quantity: Refills:
RX 2	Other:	Other:	Quantity: Refills:
RX 3	Dexamethasone Exemastane Letrozole Prednisone	Other:	Quantity: Refills:

Patient is interested in patient support programs **STAMP SIGNATURE NOT ALLOWED** Ancillary supplies and kits provided as needed for administration

6 PHYSICIAN SIGNATURE REQUIRED

PRODUCT SUBSTITUTION PERMITTED (Date) DISPENSE AS WRITTEN (Date)

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