

Prescriber Information									
Prescriber Name:					MD	DO	NP	PA	NPI:
Office Contact:				Practice Name / Collaborating MD:					
Address:				City:			State:		Zip:
Phone:			Fax:						
Patient Information • PLEASE SEND COPY OF INSURANCE CARD									
Patient Name:			Last 4 Digits of SS#:		DOB: / /		Sex: M F		Weight:
Address:			City:			State:		Zip:	
Home Phone:			Work/Cell:		HIPAA Contact:			Emergency #:	
Interpreter Needed? Y N		Allergies: Y N If Yes, list allergies:							
Insurance Information									
Primary Insurance:			Policy ID:		Group #:		BIN:		PCN:
Policyholder Name:					Policyholder DOB: / /				
Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES									
ICD-10 Code:		Weight:		lb / kg	Height:		in / cm	BSA	m2
Current Scr		or current GFR		ml/min	Confirmed Mutations:				
Notes to Pharmacy:									
Prescription Information									
Medication	Dose/Strength			Sig			Quantity	Refills	
RUBRACA® (rucaparib)	200mg tablet 250mg tablet 300mg tablet			Take 600mg by mouth two times a day with or without food Other:					
RYDAPT® (midostaurin)	25mg capsule			Take ___mg by mouth two times a day with food Other:					
SORAFENIB (generic Nexavar®)	200mg tablet			Take 400mg (2 tablets) by mouth two times a day without food Other:					
SUNITINIB (generic Sutent®)	12.5mg capsule 25mg capsule			37.5mg capsule 50mg capsule			Take ___mg by mouth once daily Take ___mg by mouth once daily for the first 4 weeks of a 6-week cycle Other:		
TAFINLAR® (dabrafenib)	50mg capsule 75mg capsule 10mg tablet for oral suspension			Take 150mg (2 capsules) by mouth two times a day without food (at least 1 hour before or 2 hours after a meal) Take ___mg by mouth two times a day without food (at least 1 hour before or 2 hours after a meal) Other:					
TEMODAR® (temozolomide)	5mg capsule 20mg capsule 100mg capsule			140mg capsule 180mg capsule 250mg capsule					
VOTRIENT® (pazopanib)	200mg tablet			Take ___mg by mouth once daily without food (at least 1 hour before or 2 hours after a meal) Other:					
XELODA® (capecitabine)	150mg tablet 500mg tablet								

By signing this form and utilizing our services, you are authorizing Meijer and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature	Date	Prescriber Signature	Date
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Substitution Permitted

Dispense as Written

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