

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:	Height:	Diabetic? Y N
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	Diagnosis Date: / /
Current Scr or current GFR ml/min	Confirmed Mutations:			

Notes to Pharmacy:

Prescription Information

Medication	Dose/Strength		Sig	Quantity	Refills
ELIGARD® (leuprolide acetate)	7.5mg 22.5mg	30mg 45mg	Inject ___mg SQ every ___ months		
ERLEADA® (apalutamide)	60mg tablet 240mg tablet		Take 240mg by mouth two times a day with or without food Other:		
FIRMAGON® (degarelix)	240mg		Starter Dose: Inject 240mg (two 120mg injections) SQ		No Refills
	80mg		Maintenance Dose: Inject 80mg SQ every 28 days		
LUPRON DEPOT® (leuprolide acetate)	7.5mg 22.5mg	30mg 45mg	Inject ___mg SQ every ___ months		
NILANDRON® (nilutamide)	150mg tablet		Starter Dose: Take 300mg (2 tablets) by mouth once daily for 30 days		No Refills
			Maintenance Dose: Take 150mg (1 tablet) by mouth once daily		
RUBRACA® (rucaparib)	200mg tablet 250mg tablet 300mg tablet		Take 600mg by mouth two times a day with or without food Other:		
XTANDI® (enzalutamide)	40mg capsule 40mg tablet 80mg tablet		Take 160mg by mouth once daily Other:		
YONSA® (abiraterone acetate)	125mg tablet		Take 500mg (4 tablets) by mouth once daily Other:		
PLUS METHYLPREDNISOLONE	4mg tablet		Take 1 tablet by mouth twice daily		
ZYTIGA® (abiraterone acetate)	250mg tablet 500mg tablet		Take 1,000mg (___ tablets) by mouth once daily Other:		
	5mg tablet		Take 1 tablet by mouth once daily Take 1 tablet by mouth twice daily		

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

If brand is required, please write "DAW" in the box to the right.