

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

Patients 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:			
Prior Therapy:	Reason for Discontinuation of Therapy:	Approximate Start Date	Approximate End Date	

Prescription Information

Medication	Dose/Strength	Sig	Quantity	Refills
ELIGARD® (leuprolide acetate)	7.5mg 30mg 22.5mg 45mg	Inject ___mg SQ every ___ months		
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 30mg 22.5mg 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		
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.