

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
<b>ELIGARD®</b> (leuprolide acetate)	7.5mg 22.5mg	30mg 45mg		
		Inject ___mg SQ every ___ months		
<b>FIRMAGON®</b> (degarelix)	240mg			<b>No Refills</b>
	80mg			
		<b>Starter Dose:</b> Inject 240mg (two 120mg injections) SQ		
		<b>Maintenance Dose:</b> Inject 80mg SQ every 28 days		
<b>LUPRON DEPOT®</b> (leuprolide acetate)	7.5mg 22.5mg	30mg 45mg		
		Inject ___mg SQ every ___ months		
<b>NILANDRON®</b> (nilutamide)	150mg tablet			<b>No Refills</b>
		<b>Starter Dose:</b> Take 300mg (2 tablets) by mouth once daily for 30 days		
		<b>Maintenance Dose:</b> Take 150mg (1 tablet) by mouth once daily		
<b>YONSA®</b> (abiraterone acetate)	125mg tablet			
		Take 500mg (4 tablets) by mouth once daily Other:		
<b>PLUS</b> <b>METHYLPREDNISOLONE</b>	4mg tablet			
		Take 1 tablet by mouth twice daily		
<b>ZYTIGA®</b> (abiraterone acetate)	250mg tablet 500mg tablet			
		Take 1,000mg (___ tablets) by mouth once daily Other:		
<b>PLUS</b> <b>PREDNISONE</b>	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.