Cystic Fibrosis Enrollment Form

Patients must bring an original prescription to the pharmacy. Faxed prescriptions will only be accepted from a prescribing practitioner.

PATIENT INFORMATION

Patient Name: ______________________________

Address: ______________________________

City, State, Zip: ______________________________

Primary Phone: ______________ DOB: ____________

Alternate Phone: ______________ Gender: ☐ Male ☐ Female

Email : ______________________________

Last 4 digits SS#: ________________

PRESCRIBER INFORMATION

Name: ______________________________

State License #: ____________ NPI #: ______________

DEA #: ______________________________

Address: ______________________________

City, State Zip: ______________________________

Phone: ____________ Fax: ______________

Contact Person: ______________ Phone: ____________

INSURANCE INFORMATION

If available, please fax copy of prescription insurance cards with this form (front and back).

PRESCRIPTION

Diagnosis/Clinical Information *Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization*

Diagnosis: ______________________________

ICD-10: ________________

☐ **Pulmozyme® (dornase alfa)** SIG:Dose: ______ mg for inhalation using recommended nebulizer

Frequency ______________ Dispense Quantity: ____________ Refills:____________

NKDA Known Drug Allergies______________________________

☐ **Tobi® (tobramycin)** SIG:Dose: ______ mg for inhalation using recommended nebulizer

Frequency ______________ Dispense Quantity: ____________ Refills:____________

NKDA Known Drug Allergies ______________________________

Deliver to: Physician Office__________ Patient Home __________

To Physician: By signing this form and utilizing our services, you are also authorizing pharmacy to serve as your prior authorization agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.

Physician Signature: **Date**: ____________

CONFIDENTIALITY NOTICE

IMPORTANT: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.