Respiratory Enrollment Form

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

Patient Name: Address: City, State, Zip: DOB: Primary Phone: Alternate Phone: Primary Language: DIAGNOSIS / CLINICAL INFORMATION J44.9 Simple Chronic Bronchitis J44.9 Obstructive chronic bronchitis without exacerbation J44.9 Chronic airway obstruction, not elsewhere classified J44.1 With (acute) exacerbation Other	PATIENT INFORMATION (Complete the following and include demographic sheet)		PRESCRIBER INFORMATION Prescriber's Name:						
Address:			State License #: NPI			#:	_		
City St. Zip:			DE	ΞA #:					
Alternate Phone:	·		Addi	ress:					
Alternate Phone: Primary Language: Phone: Primary Language: Phone: Primary Language: Phone: P	Drimany Phone:	∐Male ∐Female	City, St,	, Zip:					
INSURANCE INFORMATION Please fax copy of prescription and insurance cards with this form, if available (front and back) DIAGNOSIS / CLINICAL INFORMATION			Ph	none:		Fa	ax:		
DIAGNOSIS / CLINICAL INFORMATION J44.9 Simple Chronic Bronchitis J43.9 Other emphysematous J43.9 Other emphysematous J44.9 Chronic airway obstruction, not elsewhere classified J43.9 Other emphysematous R23.8 Emphysematous bleb R23.8 Emphysematous bl	Primary Language:		Contact Per	rson:		F	Phone:		
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J44.9 Obstructive chronic bronchitis without exacerbation J43.9 Other emphysematous J43.9 Other complysematous J43.9 Other c	DIAGNOSIS / CLINICAL INFORMATION								
MEDICATION DOSE/STRENGTH DOSE/STRENGTH SID Pulpelri (reverlenacian inhalation solution) 175mcg / 3mL vial BID Perforomist® (formoterol fumarate inhalation solution) 20mcg / 2mL vial QD BID BID BID Pulmicort 0.25mg/2mL / BID 0.5mg/2mL / BID 1mg/2mL / Once Daily Respules Tobramycin 300mg/5ml inhalation solution 300mg every 12 hours for 28 days, followed by 28 days off of medication QTY 56 ampules Acetylcysteine 20% solution 3mL Qnce Daily BID TID QID Other Other Other Once Daily BID TID QID Other Other Once Daily BID TID QID Other Once Daily BID Other Once Daily BID Other Once Daily BID Other Once Daily BID Other Once Daily BID Other Once Daily BID Other Once Daily BID Other Once Daily BID Other Once Daily BID Other Once Daily BID Other Once Daily BID Other Once Daily BID Other Once Daily BID Other Once Daily Once Daily BID Other Once Daily Once Daily BID Other Once Daily Once Daily BID Other Once Daily Once Daily BID Other Once Daily Once Daily BID Other Other Once Daily Once Daily Once Daily BID Other Other Once Daily	☐ J44.9 Obstructive chronic bronchitis without exacerbation ☐ J44.9 Chronic airway obstruction, not elsewhere classified ☐ J44.0 With acute broncitis ☐ J44.1 With (acute) exacerbation								
Yupelri (revefenacin inhalation solution) 175mcg / 3mL vial QD	PRESCRIPTION INFORMATION Nebulized Medications								
Perforomist® (formoterol fumarate inhalation solution) 20mcg / 2mL vial BID				DIRECTION	NS				
Brovana® 15mcg / 2mL vial BID		_							
Tobramycin — 300mg/5ml inhalation solution — 300mg every 12 hours for 28 days, followed by 28 days off of medication — QTY 56 ampules Acetylcysteine 20% solution									
Acetylcysteine 20% solution 3mL	☐ Pulmicort — 0.25mg/2mL / BID ☐ 0.5mg/2mL / BID — 1mg/2mL / Once Daily Respules								
Budesonide — 0.25mg/2mL — 0.5mg/2mL	☐ Tobramycin — 300mg/5ml inhalation solution — 300mg every 12 hours for 28 days, followed by 28 days off of medication — QTY 56 ampules								
Lonhala 25mcg/1ml vial	☐ Acetylcysteine 20% solution 3mL	☐Once Daily	□BID	-TID	-QID	— Other _			
Add-on items only To be ordered in addition to any medication listed above Once Daily	☐ Budesonide — 0.25mg/2mL — 0.5mg/2mL		☐Once Daily	□BID	— TID	— QID	—Other _		
Add-on items only To be ordered in addition to any medication listed above Albuterol 0.5% / 20mL SIG:mL Modication listed above Once Daily BID Once Daily Once Daily BID Once Daily Once Daily BID Once Daily BID Once Daily BID Once Daily BID Once Daily Once Daily BID Once Daily BID Once Daily Once Daily Once Daily BID Once Daily Once Daily Once Daily BID Once Daily	Lonhala 25mcg/1ml vial		□BID	First Time Starter Kit			—Refills _		
Albuterol 2.5mg / Ipratropium 0.5mg/3mL Albuterol 0.5% / 20mL SIG:mL Ipratropium 0.02% (0.5mg/2.5mL) Nebulizer Reusable Nebulizer Kit (1/6 months) Length of need: Lifetime To be ordered in addition to any medication listed above Once Daily BID —TID —QID —Other	☐ Albuterol 0.83% (2.5mg/3mL)	To be ordered in addition to any medication listed	☐Once Daily	□BID	— Other	•			
Albuterol 0.5% / 20mL SIG:mL medication listed above Once Daily BID -TID -QID -Other Once Daily Once Daily BID -TID -QID -Other Once Daily BID -TID -QID -Other Once Daily Once Daily BID -TID -QID -Other Once Daily Once Daily BID -TID -QID -QID -Other Once Daily	☐ Albuterol 2.5mg / Ipratropium 0.5mg/3mL		☐Once Daily	□BID	— TID	— QID	—Other _		
Nebulizer Once Daily BID Other Other Reusable Nebulizer Kit (1/6 months) Length of need: Lifetime Othermonths Patient will require training X PHYSICIAN SIGNAT X IRE REQUIRED DISPENSE AS WRITTEN (Date) PRODUCT SUBSTITUTION PERMITTED (Date)	Albuterol 0.5% / 20mL SIG:mL		☐Once Daily	□BID	— TID	— QID	— Other _		
Reusable Nebulizer Kit (1/6 months) Length of need: Lifetime Othermonths Patient will require training X PHYSICIANSIGNA XURE REQUIRED DISPENSE AS WRITTEN (Date) PRODUCT SUBSTITUTION PERMITTED (Date)	☐ Ipratropium 0.02% (0.5mg/2.5mL)	above	☐ Once Daily	□BID	— TID	— QID	— Other _		
Length of need: Lifetime Othermonths Patient will require training X PHYSICIAN SIGNAT XURE REQUIRED DISPENSE AS WRITTEN (Date) PRODUCT SUBSTITUTION PERMITTED (Date)	☐ Nebulizer								
Patient will require training	Reusable Nebulizer Kit (1/6 months)								
X PHYSICIAN SIGNAT XURE REQUIRED DISPENSE AS WRITTEN (Date) PRODUCT SUBSTITUTION PERMITTED (Date)	Length of need: — Lifetime	Other	months						
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IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to Vasco Rx Pharmacy and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.