Faxed prescriptions will only be accepted from a prescriber. Patients must bring an original prescription to the pharmacy, and cannot fax these referral forms to Senderra.

1301 E. Arapaho Rd., Ste. 101
Richardson, TX 75081

This prescription form is to be sent & received via fax

Ancillary Dermatology Enrollment Form

Physician Offices Call: 855-460-7928

Fax: 888-777-5645

Prescriber:	**NPI:**
Supervising Physician:	**NPI:**
Address:	**Tax ID:**
Phone:	Fax:
Contact:	

PATIENT INFORMATION

Name:	☐ M ☐ F ☐ Trans M ☐ Trans F ☐ Other	DOB: ____/____/________	SS#: _____-_____-__________
Street:	City:	State:	ZIP:
Phone:	Alt. Phone:	☐ English ☐ Spanish ☐ Other: ________	Wt.: ________ Ht.: ________

PRESCRIPTION

Has the patient received a loading dose/starter kit? ☐Yes Start Date: ____/____/______ ☐No | **SHIP TO: ☐ Patient's Home ☐Doctor's Office ☐ Other:___________**

*****Generic will be dispensed unless brand is specifically requested by checking this box, if applicable in your state*** ☐**

DRUG	STRENGTH & QUANTITY	DRUG	STRENGTH AND QUANTITY
☐ **Dapsone (Aczone)*****	5% Gel 60 gm	☐ **Ketoconazole**	☐ 2% Cream 30 gm ☐ 2% Cream 60 gm
☐ **Aczone**	7.5% Gel 60 gm	☐ **Kerydin**	5% Topical Solution 10 mL
☐ **Flurandrenolide (Cordran)*****	☐ 0.05% Ointment 60 gm ☐ 0.05% Cream 120 gm	☐ **Luzu**	1% Cream 60 gm
☐ **Clindamycin & BPO (BenzaClin)*****	☐ 1-5 % Gel 25 gm ☐ 1-5% Gel 35 gm ☐ 1-5% Gel 50 gm	☐ **Mirvaso**	0.33% Gel 30 gm
☐ **Clobetasol**	☐ 0.05% Cream 60 gm ☐ 0.05% Lotion 59 mL	☐ **Naftifine HCL (Naftin)*****	☐ 2% Cream 45 gm ☐ 2 % Gel 60 gm
☐ **Desonate**	0.05% Gel 60 gm	☐ **Onexton**	Gel 50 gm
☐ **Desonide**	0.05% Cream 60 gm	☐ **Doxycycline (Oracea)*****	40 mg Capsules (Quantity: 30)
☐ **Desoximetasone (Topicort)*****	☐ 0.05% Cream 60 gm ☐ 0.05% Gel 60 gm ☐ 0.05% Ointment 60 gm	☐ **Oxiconazole Nitrate (Oxistat)*****	1% Cream 60 gm
☐ **Doxepin HCL**	5% Cream 45 gm	☐ **Picato**	0.05% Gel 2 x 0.47gm
☐ **Fluorouracil (Efudex)*****	5% Cream 40 gm	☐ **Tacrolimus (Protopic)*****	0.03% Ointment 60 gm
☐ **Eletone**	Cream 100 gm	☐ **Retin-A Micro**	☐ 0.06% Pump Gel 50 gm ☐ 0.08% Pump Gel 50 gm
☐ **Pimecrolimus (Elidel)*****	1% Cream 60 gm	☐ **Rhofade**	1% Cream 30 gm
☐ **Adapalene/BPO (Epiduo)*****	0.1%-2.5% Gel 45 gm	☐ **Soolantra**	1% Cream 45 gm
☐ **Epiduo Forte**	0.3%-2.5% Gel 45 gm	☐ **Tazarotene (Tazorac)*****	0.1% Cream 60 gm
☐ **Eucrisa**	2% Ointment 60 gm	☐ **Tolak**	4% Cream 40 gm
☐ **Finacea**	☐ 15% Gel 50 gm ☐ 15% Foam 50 gm	☐ **Triamcinolone Acetonide**	0.1% Lotion 60 mL
☐ **Halog**	☐ 0.1% Ointment 60 gm ☐ 0.1% Cream 60 gm	☐ **Ultravate**	0.05% Lotion 60 mL
☐ **Hydrocortisone Butyrate**	0.1% Cream 60 gm	☐ **Fluocinonide (Vanos)*****	0.1% Cream 60 gm
☐ **Jublia**	10% Solution 4mL	☐ **Clindamycin/Tretinoin (Veltin)*****	1.2/0.025% Gel 30 gm

Directions: | **Refills**

MEDICAL INFORMATION

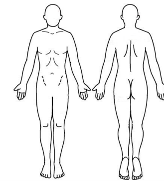
*****PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY*****

PREVIOUS THERAPIES:	**Tried & Failed (Duration):**	**Not Tolerated:**	**Contraindication:**
☐ ________________	☐ (________________)	☐	________________
☐ ________________	☐ (________________)	☐	________________
☐ ________________	☐ (________________)	☐	________________

Diagnosis (description): ______________________ **ICD-10 Code(s):** ______________________

Date of Diagnosis: ____/____/________ **Allergies:** ______________________

Additional Clinical Information:



Affected Areas

☐ Face ☐ Feet ☐ Groin ☐ Hands
☐ Nails ☐ Scalp ☐ Other: BSA %: ___

PRESCRIBER SIGNATURE

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

Prescriber: | **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.