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

SENDERRA
Specialty Pharmacy
1301 E. Arapaho Rd., Ste. 101
Richardson, TX 75081
This prescription form is to be sent & received via fax

Oncology Enrollment Form

Physician Offices Call: 855-460-7928

Fax: 855-662-6779

Prescribing Practitioner:	**NPI:**
Supervising Practitioner:	**NPI:**
Address:	**TAX ID:**
Office:	Fax:
Contact:	

PATIENT INFORMATION

Name:	☐ M ☐ F	DOB: ____/____/_____	SS#: ____-____-_____
Tel:	Al. Tel:	☐ English ☐ Spanish ☐ Other: _____	Wt.: _____ Ht.: _____
Street:	City:	State:	ZIP:

PLEASE PROVIDE THE FOLLOWING MEDICAL INFORMATION TO EXPEDITE PRIOR AUTHORIZATION SUPPORT

Prior Failed Medication(s):	Length of Treatment:	Reason for Discontinuation:
	____/____/_____-____/____/_____	
	____/____/_____-____/____/_____	
	____/____/_____-____/____/_____	

☐ **Patient has not tried or failed any prior medication(s).**

Date of Diagnosis: ____/____/_____

Diagnosis: _____

ICD-10 Code: _____

Allergies:

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

PRESCRIPTION

☐ **New** ☐ **Refill** **Ship by:** ____/____/____ **SHIP TO:** ☐ **Patient's Home** ☐ **Doctor's Office** ☐ **Other:** _____

Drug	Directions	Quantity	Refills

PATIENT CONSENT TO MANUFACTURER SUPPORT PROGRAMS

To Patient: By signing this form and utilizing our services, you are also authorizing Senderra to gain access and enroll you in any available manufacturer supported patient programs on your behalf.

Patient Signature: **Date**: _____/_____/_____

PRESCRIBING PRACTITIONER SIGNATURE

To Prescribing Practitioner: 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.

Prescribing Practitioner: **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.