

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.



Urologic Oncology Enrollment Form

SENDERRA
Specialty Pharmacy

Physician Offices Call: 855-460-7928

1301 E. Arapaho Rd., Ste. 101 Richardson, TX 75081
Fax: 855-662-6779

This prescription form is to be sent & received via fax

Prescribing Practitioner:		NPI:
Supervising Physician:		NPI:
Address:		Tax ID:
Office:	Fax:	
Contact:		

PATIENT INFORMATION

Name:		<input type="checkbox"/> M <input type="checkbox"/> F	DOB: ____/____/____	SS#: ____-____-____
Street:	City:	State:		ZIP: ____-____-____
Tel: ____-____-____	Alt. Tel: ____-____-____	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		Wt.: ____ Ht.: ____

PRESCRIPTION

<input type="checkbox"/> New <input type="checkbox"/> Refill	Ship by: ____/____/____	SHIP TO: <input type="checkbox"/> Patient's Home <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Other: _____		
Drug		Directions and Quantity	Refills	
Zytiga®	<input type="checkbox"/> 250 mg film-coated Tablets	<input type="checkbox"/> Take 1,000 mg (FOUR 250 mg tablets) once daily by mouth on an empty stomach (Quantity: 120) <input type="checkbox"/> Take 1,000 mg (TWO 500 mg tablets) once daily by mouth on an empty stomach (Quantity: 60)		
	<input type="checkbox"/> 250 mg uncoated Tablets			
	<input type="checkbox"/> 500 mg film-coated Tablets			
Prednisone	5 mg Tablets	<input type="checkbox"/> Take 5 mg twice daily by mouth with food (Quantity: 60) <input type="checkbox"/> Take 5 mg once daily by mouth with food (Quantity: 30)		
Yonsa®	125 mg Tablets	<input type="checkbox"/> Take 500 mg (FOUR 125 mg tablets) once daily by mouth (Quantity: 120)		
Methylprednisolone	4 mg Tablets	<input type="checkbox"/> Take 4 mg twice daily by mouth (Quantity: 60)		

ADDITIONAL MEDICATIONS

Drug	Directions and Quantity	Refills
<input type="checkbox"/> Casodex (bicalutamide)		
<input type="checkbox"/> Firmagon (degarelix)		
<input type="checkbox"/> Lupron Depot (leuprolide)		
<input type="checkbox"/> Nilandron (nilutamide)		
<input type="checkbox"/> Zoladex (goserelin)		

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:	Reason(s) for Discontinuation:
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____

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

Date of Diagnosis: ____/____/____ Diagnosis: C61 Malignant neoplasm of prostate Other _____

Patient has metastatic castration-resistant prostate cancer (mCRPC) Patient has metastatic castration-sensitive prostate cancer (mCSPC)

Diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No	Latest Value	Date
Liver Dysfunction: <input type="checkbox"/> Yes <input type="checkbox"/> No	Serum PSA:	____/____/____
(If yes, please provide Child-Turcotte-Pugh class below)	Allergies:	
CTP Class:		
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		

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.