



Orange, CA

P: (714) 941-6177 F: (714) 941-6178

Las Vegas, NV

P: (702) 790-4404 F: (702) 790-4406

Allen, TX

P: (469) 257-4200 F: (469) 795-9204

Memphis, TN

P: (901) 560-3580 F: (901) 560-3581

Las Vegas, NV

P: (702) 825-4900

F: (702) 977-8150

Carson City, NV

P: (702) 825-4900

F: (702) 977-8150

Burbank, CA

P: (818) 848-8112

F: (818) 848-8142

Las Vegas, NV

P: (702) 478-5133

F: (702) 478-5401

Hematology/Oncology Referral Form

Patient Information

Patient Name: _____ DOB: __/__/____
 Sex: Femal Male SS#: ___-__-____ Language: _____
 Allergies: _____ Wt: ____ Kg Lb Ht: ____ Cm In
 Address: _____ Apt/Suite: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Contact: _____ Relation: _____
 Email Address: _____

Prescriber Information

Prescriber Name: _____ NPI: _____
 If Shipping to prescriber: Initial Fill Always Never
 Address: _____ Apt/Suite: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Contact: _____
 Fax: _____ Alt. Fax: _____
 Email Address: _____

INSURANCE INFORMATION (or attach copy of cards)

Medical Plan: _____ Policy #: _____ Policy Holder: _____ Relationship: _____
 Prescription Plan: _____ Policy #: _____ Policy Holder: _____ Relationship: _____

Clinical Information

Access Type: Peripheral PICC PORT SCIG
 Has patient previously been on IG therapy? No Yes/Brand Infused: _____/Last Infusion: _____
 Comorbidities/Risk Factors: Renal Insufficiency Diabetes Heart Disease Thrombotic Event Hypertension
 IgA deficiency: Yes No IgA level: ____ mg/dL (Date: _____) Does patient have a latex allergy? Yes No
 Previously Tried Treatments/Medications for The Condition: _____

Oral Medication(s)

- | | | |
|---|---|--|
| <input type="checkbox"/> Afinitor (everolimus) | <input type="checkbox"/> Lonsurf (trifluridine & tipiracil) | <input type="checkbox"/> Talzenna (talazoparib) |
| <input type="checkbox"/> Afinitor Disperz (everolimus) | <input type="checkbox"/> Lorbrena (lorlatinib) | <input type="checkbox"/> Tarceva (erlotinib) |
| <input type="checkbox"/> Alecensa (alectinib) | <input type="checkbox"/> Lumakras (sotorasib) | <input type="checkbox"/> Targretin Capsules (bexarotene) |
| <input type="checkbox"/> Balversa (erdafitinib) | <input type="checkbox"/> Lynparza (olaparib) | <input type="checkbox"/> Tasigna (nilotinib) |
| <input type="checkbox"/> Bosulif (bosutinib) | <input type="checkbox"/> Mekinist (trametinib) | <input type="checkbox"/> Temodar (temozolomide) |
| <input type="checkbox"/> Braftovi (encorafenib) | <input type="checkbox"/> Mektovi (binimetinib) | <input type="checkbox"/> Thalomid (thalidomide) |
| <input type="checkbox"/> Cabometyx (cabozantinib) | <input type="checkbox"/> Nerlynx (neratinib) | <input type="checkbox"/> Truseltiq (infigratinib) |
| <input type="checkbox"/> Cometriq (cabozantinib) | <input type="checkbox"/> Nexavar (sorafenib) | <input type="checkbox"/> Tykerb (lapatinib) |
| <input type="checkbox"/> Copiktra (duvelisib) | <input type="checkbox"/> Ninlaro (ixazomib) | <input type="checkbox"/> Vepesid Capsules (etoposide) |
| <input type="checkbox"/> Cotellic (cobimetinib) | <input type="checkbox"/> Nubeqa (darolutamide) | <input type="checkbox"/> Verzenio (abemaciclib) |
| <input type="checkbox"/> Cytoxan Capsules (cyclophosphamide) | <input type="checkbox"/> Odomzo (sonidegib) | <input type="checkbox"/> Vitrakvi (larotrectinib) |
| <input type="checkbox"/> Daurismo (glasdegib) | <input type="checkbox"/> Onureg (azacitidine) | <input type="checkbox"/> Vizimpro (dacomitinib) |
| <input type="checkbox"/> Erivedge (vismodegib) | <input type="checkbox"/> Piqray (alpelisib) | <input type="checkbox"/> Votrient (pazopanib) |
| <input type="checkbox"/> Erleada (apalutamide) | <input type="checkbox"/> Pomalyst (pomalidomide) | <input type="checkbox"/> Xalkori (crizotinib) |
| <input type="checkbox"/> Gavreto (pralsetinib) | <input type="checkbox"/> Purixan (mercaptopurine) | <input type="checkbox"/> Xeloda (capecitabine) |
| <input type="checkbox"/> Gleevec (imatinib mesylate) | <input type="checkbox"/> Retevmo (selpercatinib) | <input type="checkbox"/> Xospata (gilteritinib) |
| <input type="checkbox"/> Gleostine (lomustine) | <input type="checkbox"/> Revlimid (lenalidomide) | <input type="checkbox"/> Xtandi (enzalutamide) |
| <input type="checkbox"/> Hycamtin Capsules (topotecan) | <input type="checkbox"/> Rozlytrek (entrectinib) | <input type="checkbox"/> Yonsa (abiraterone acetate) |
| <input type="checkbox"/> Ibrance (palbociclib) | <input type="checkbox"/> Rubraca (rucaparib) | <input type="checkbox"/> Zejula (niraparib) |
| <input type="checkbox"/> Idhifa (enasidenib) | <input type="checkbox"/> Rydapt (midostaurin) | <input type="checkbox"/> Zelboraf (vemurafenib) |
| <input type="checkbox"/> Inlyta (axitinib) | <input type="checkbox"/> Scemblix (asciminib) | <input type="checkbox"/> Zolinza (vorinostat) |
| <input type="checkbox"/> Inqovi (decitabine and cedazuridine) | <input type="checkbox"/> Sprycel (dasatinib) | <input type="checkbox"/> Zydelig (idelalisib) |
| <input type="checkbox"/> Inrebic (fedratinib) | <input type="checkbox"/> Stivarga (regorafenib) | <input type="checkbox"/> Zykadia (ceritinib) |
| <input type="checkbox"/> Iressa (gefitinib) | <input type="checkbox"/> Sutent (sunitinib malate) | <input type="checkbox"/> Zytiga (abiraterone) |

- Jakafi (ruxolitinib)
- Kisqali (ribociclib)
- Lenvima (Lenvatinib)
- Tabrecta (capmatinib)
- Tafinlar (dabrafenib)
- Tagrisso (osimertinib)
- Other: _____

Injectable Medication(s)	Infusion Medication(s)
<ul style="list-style-type: none"> <input type="checkbox"/> Aranesp <input type="checkbox"/> Doptelet <input type="checkbox"/> Elitek <input type="checkbox"/> Epogen <input type="checkbox"/> Exjade <input type="checkbox"/> Fulvestrant <input type="checkbox"/> Fulphila <input type="checkbox"/> Granix <input type="checkbox"/> Jadenu <input type="checkbox"/> Leukine <input type="checkbox"/> Mozobil <input type="checkbox"/> Other: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Neulasta <input type="checkbox"/> Neupogen <input type="checkbox"/> Nivestym <input type="checkbox"/> Nplate <input type="checkbox"/> Nyvepria <input type="checkbox"/> Procrit <input type="checkbox"/> Promacta <input type="checkbox"/> Retacrit <input type="checkbox"/> Udenyca <input type="checkbox"/> Zarxio <input type="checkbox"/> Ziextenzo
<ul style="list-style-type: none"> <input type="checkbox"/> Abraxane <input type="checkbox"/> Adriamycin <input type="checkbox"/> Alimta <input type="checkbox"/> Avastin <input type="checkbox"/> Bendeka <input type="checkbox"/> Besponsa <input type="checkbox"/> Blincyto <input type="checkbox"/> Carboplatin <input type="checkbox"/> Cisplatin <input type="checkbox"/> Cyclophosphamide <input type="checkbox"/> Cytarabine <input type="checkbox"/> Dacogen <input type="checkbox"/> Darzalex 	<ul style="list-style-type: none"> <input type="checkbox"/> Decitabine <input type="checkbox"/> Docetaxel <input type="checkbox"/> Doxil <input type="checkbox"/> Eloxatin <input type="checkbox"/> Empliciti <input type="checkbox"/> Erbitux <input type="checkbox"/> Etoposide <input type="checkbox"/> Fluorouracil <input type="checkbox"/> Folutyn <input type="checkbox"/> Gazyva <input type="checkbox"/> Gemcitabine <input type="checkbox"/> Halaven <input type="checkbox"/> Herceptin <input type="checkbox"/> Other: _____
<ul style="list-style-type: none"> <input type="checkbox"/> Hycamtin <input type="checkbox"/> Ixempra <input type="checkbox"/> Jevtana <input type="checkbox"/> Kadcyca <input type="checkbox"/> Keytruda <input type="checkbox"/> Kyprolis <input type="checkbox"/> Leucovorin <input type="checkbox"/> Mitomycin <input type="checkbox"/> Mvasi <input type="checkbox"/> Mylotarg <input type="checkbox"/> Oncaspar <input type="checkbox"/> Opdivo 	

Dose/Strength	SIG (Please Include Cycle)	Qty	Refills

Ancillary Supplies : As needed for proper administration and disposal of medication

Administration procedures to be followed per pharmacy protocol.

Prescription will be filled with generic (if available) unless prescriber writes "DAW" (dispense as written): _____

Deliver to: Home Office Infusion Suite Other: _____

If shipped to prescriber's office or infusion clinic, prescriber accepts on behalf of patient for administration in office or infusion clinic.

By signing this order, I, the prescriber, certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.

Prescriber's Signature _____ **Date:** __/__/__

* Prescriber Authorization: I authorize this pharmacy and its representatives to act as my authorized agent to secure coverage and initiate the insurance prior authorization process for my patient(s), and to sign any necessary forms on my behalf as my authorized agent, including the receipt of any required prior authorization forms and the receipt and submission of patient lab values and other patient data. In the event that this pharmacy determines that it is unable to fulfill this prescription, I further authorize this pharmacy to forward this information and any related materials related to coverage of the product to another pharmacy of the patient's choice or in the patient's insurer's provider network.