SpecialtyCareRx

SPECIALTY CARE INFUSION CENTER

□ **Orange, CA**
P: (714) 941-6177 F: (714) 941-6178

□ **Burbank,CA**
P: (818) 848-8112 F: (818) 848-8142

□ **Las Vegas, NV**
P: (702) 790-4404 F: (702) 790-4406

□ **Marrero, LA**
P: (504) 340-5221 F: (504) 340-5228

□ **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

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
Addess: _____ 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
Comorbidities/Risk Factors: □ Renal Insufficiency □ Diabetes □ Heart Disease □ Thromobotic Event □ Hypertension
Does patient have a latex allergy? □ Yes □ No
Previously Tried Treatments/Medications for The Condition: _____

Oral Medication(s)

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

Injectable Medication(s)		Infusion Medication(s)		
□ Aranesp	□ Neulasta	□ Abraxane	□ Decitabine	□ Hycamtin
□ Doptelet	□ Neupogen	□ Adriamycin	□ Docetaxel	□ Ixempra
□ Elitek	□ Nivestym	□ Alimta	□ Doxil	□ Jevtana
□ Epogen	□ Nplate	□ Avastin	□ Eloxatin	□ Kadcyla
□ Exjade	□ Nyvepria	□ Bendeka	□ Empliciti	□ Keytruda
□ Fulvestrant	□ Procrit	□ Besponsa	□ Erbitux	□ Kyprolis
□ Fulphila	□ Promacta	□ Blincyto	□ Etoposide	□ Leucovorin
□ Granix	□ Retacrit	□ Carboplatin	□ Fluorouracil	□ Mitomycin
□ Jadenu	□ Udenyca	□ Cisplatin	□ Folotyn	□ Mvasi
□ Leukine	□ Zarxio	□ Cyclophosphamide	□ Gazyva	□ Mylotarg
□ Mozobil	□ Ziextenzo	□ Cytarabine	□ Gemcitabine	□ Oncaspar
□ Other: _____		□ Dacogen	□ Halaven	□ Opdivo
		□ Darzalex	□ Herceptin	
			□ Other: _____	

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.
" Referral forms are not valid in Arizona, providers can phone or electronically send in orders."