

<input type="checkbox"/> Orange, CA P: (714) 941-6177 F: (714) 941-6178	<input type="checkbox"/> Burbank, CA P: (818) 848-8112 F: (818) 848-8142	<input type="checkbox"/> Las Vegas, NV P: (702) 825-4900 F: (702) 977-8150
<input type="checkbox"/> Las Vegas, NV P: (702) 790-4404 F: (702) 790-4406	<input type="checkbox"/> Marrero, LA P: (504) 340-5221 F: (504) 340-5228	
<input type="checkbox"/> Allen, TX P: (469) 257-4200 F: (469) 795-9204	<input type="checkbox"/> Memphis, TN P: (901) 560-3580 F: (901) 560-3581	<input type="checkbox"/> Carson City, NV P: (702) 825-4900 F: (702) 977-8150

Hematology/Oncology Referral Form

Patient Information		Prescriber Information	
Patient Name: _____		Prescriber Name: _____ NPI: _____	
Sex: <input type="checkbox"/> Femal <input type="checkbox"/> Male	DOB: __/__/____	If Shipping to prescriber: <input type="checkbox"/> Initial Fill <input type="checkbox"/> Always <input type="checkbox"/> Never	
SS#: __-__-____	Language: _____	Address: _____ Apt/Suite: _____	
Allergies: _____	Wt: ____ <input type="checkbox"/> Kg <input type="checkbox"/> Lb	City: _____ State: _____ Zip: _____	
Ht: ____ <input type="checkbox"/> Cm <input type="checkbox"/> In	Address: _____	Phone: _____ Contact: _____	
Apt/Suite: _____	City: _____ State: _____ Zip: _____	Fax: _____ Alt. Fax: _____	
Phone: _____ Contact: _____	Relation: _____	Email Address: _____	
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 Thrombotic Event Hypertension
 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"/> Lorbrina (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"/> Tassigna (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 (ingratinib) |
| <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"/> Vitakvi (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"/> Scemblis (asciminib) | <input type="checkbox"/> Zolanza (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) |
| <input type="checkbox"/> Jakafi (ruxolitinib) | <input type="checkbox"/> Tabrecta (capmatinib) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Kisqali (ribociclib) | <input type="checkbox"/> Tafenlar (dabrafenib) | |
| <input type="checkbox"/> Lenvima (Lenvatinib) | <input type="checkbox"/> Tagrisso (osimertinib) | |

Injectable Medication(s)

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Aranesp | <input type="checkbox"/> Neulasta |
| <input type="checkbox"/> Doptelet | <input type="checkbox"/> Neupogen |
| <input type="checkbox"/> Elitec | <input type="checkbox"/> Nivestym |

Infusion Medication(s)

- | | | |
|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Abraxane | <input type="checkbox"/> Decitabine | <input type="checkbox"/> Hycamtin |
| <input type="checkbox"/> Adriamycin | <input type="checkbox"/> Docetaxel | <input type="checkbox"/> Ixempra |
| <input type="checkbox"/> Alimta | <input type="checkbox"/> Doxil | <input type="checkbox"/> Jevtana |

- | | | | | |
|---------------------------------------|------------------------------------|-------------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Epogen | <input type="checkbox"/> Nplate | <input type="checkbox"/> Avastin | <input type="checkbox"/> Eloxatin | <input type="checkbox"/> Kadcyra |
| <input type="checkbox"/> Exjade | <input type="checkbox"/> Nyvepria | <input type="checkbox"/> Bendeka | <input type="checkbox"/> Empliciti | <input type="checkbox"/> Keytruda |
| <input type="checkbox"/> Fulvestrant | <input type="checkbox"/> Procrit | <input type="checkbox"/> Besponsa | <input type="checkbox"/> Erbitux | <input type="checkbox"/> Kyprolis |
| <input type="checkbox"/> Fulphila | <input type="checkbox"/> Promacta | <input type="checkbox"/> Blincyto | <input type="checkbox"/> Etoposide | <input type="checkbox"/> Leucovorin |
| <input type="checkbox"/> Granix | <input type="checkbox"/> Retacrit | <input type="checkbox"/> Carboplatin | <input type="checkbox"/> Fluorouracil | <input type="checkbox"/> Mitomycin |
| <input type="checkbox"/> Jadenu | <input type="checkbox"/> Udenyca | <input type="checkbox"/> Cisplatin | <input type="checkbox"/> Folutyn | <input type="checkbox"/> Mvasi |
| <input type="checkbox"/> Leukine | <input type="checkbox"/> Zarxio | <input type="checkbox"/> Cyclophosphamide | <input type="checkbox"/> Gazyva | <input type="checkbox"/> Mylotarg |
| <input type="checkbox"/> Mozobil | <input type="checkbox"/> Ziextenzo | <input type="checkbox"/> Cytarabine | <input type="checkbox"/> Gemcitabine | <input type="checkbox"/> Oncaspar |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Dacogen | <input type="checkbox"/> Halaven | <input type="checkbox"/> Opdivo |
| | | <input type="checkbox"/> Darzalex | <input type="checkbox"/> Herceptin | |
| | | | <input type="checkbox"/> 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."