

PATIENT INFORMATION				
Name:	Date of Birth:	<input type="radio"/> Male <input type="radio"/> Female		
Address:	City:	State:	Zip:	
Phone:	Alt Phone:		Email:	
SS #:	Primary Language:		Emergency Contact:	
PRESCRIBER INFORMATION				
Prescribing Practitioner:			NPI#:	
Supervising Physician:			NPI#:	
Address:	City:	State:	Zip:	Tax ID:
Phone:	Fax:		Office Contact:	
MEDICAL INFORMATION				
** PLEASE FAX COPY OF PRESCRIPTION MEDICATION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY **				
O ICD-10 Code & Description: _____				
<b>Patient Evaluation:</b>				
Height: _____ in/cm		Weight: _____ kg/lbs		
Allergies: _____				
Eosinophils: _____				
Steroid Dependant: <input type="radio"/> Yes <input type="radio"/> No				
PRESCRIPTION INFORMATION				
<b>Needs by Date:</b>		<b>Ship to:</b> <input type="radio"/> Patients home <input type="radio"/> Prescriber 1st order only <input type="radio"/> Prescriber all orders <input type="radio"/> Other		
Drug	Dose	Directions	Quantity	Refills
O Cinqair	100mg/10ml vial	<input type="radio"/> Inject 3 mg/kg once every 4 weeks by IV infusion over 20 to 50 minutes. <input type="radio"/> Pharmacy to provide all necessary ancillary items to administer medication	Dispense: _____ 100mg vials (100mg/10mL)	
O Dupixent®	<input type="radio"/> 300mg/2mL PFS <input type="radio"/> 200mg/1.14mL PFS	<input type="radio"/> Two (2) Pens. Initial dose, then one (1) Pen every other week <input type="radio"/> One (1) Pen every other week	<input type="radio"/> 1 Month Supply <input type="radio"/> 3 Months Supply	
O Fasentra® (benralizumab)	<input type="radio"/> 30mg/mL PFS <input type="radio"/> 30mg/mL autoinjector	<input type="radio"/> Inject 30mg subcutaneously every 4 weeks for 3 doses, followed by once every 8 weeks thereafter  <input type="radio"/> Inject 30mg subcutaneously every 8 weeks		
O Nucala	<input type="radio"/> 100mg vial <input type="radio"/> 100mg/mL autoinjector <input type="radio"/> 100mg/mL PFS	<input type="radio"/> Severe asthma in patients aged 12 years and older: 100mg administered subcutaneously once every 4 weeks  <input type="radio"/> Severe asthma in patients aged 6 to 11 years: 40mg administered subcutaneously once every 4 weeks		
SUPPLIES				
<input type="radio"/> <b>Nucala</b> - QS per doses Sterile water for injection 10 mL vial for reconstitution Alcohol swabs Flexible bandages 1" x 3" 3 mL syringe with 21G x 1" Safety Glide needle for reconstitution 1 mL syringe with 27G x 1/2" Safety Glide needle for subcutaneous injection  <input type="radio"/> No supplies (Supplies will be sent with shipment unless indicated.)		<input type="radio"/> <b>Cinqair</b> - QS per doses IV Start Kit IV catheter, 24g & 22g Extension set Saline Flush 20 mL syringe 18g/21g needle Gravity tubing with 0.2 micron filter Alcohol swabs Flexible bandage  <input type="radio"/> No supplies (Supplies will be sent with shipment unless indicated.)		
INJECTION TRAINING				
<input type="radio"/> Patient has received pen & injection training		<input type="radio"/> Physician's office to provide injection training		<input type="radio"/> Parkway Pharmacy to coordinate injection training
PRESCRIBING PRACTITIONER SIGNATURE				
<b>To Prescribing Practitioner:</b> By signing this form and utilizing our services, you are also authorizing Parkway Pharmacy 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				
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