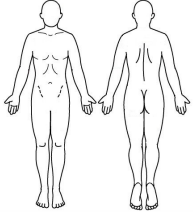
 SENDERRA <i>Specialty Pharmacy</i> 3712 E. Plano Parkway, Ste. 200 Plano, TX 75074 <i>This prescription form is to be sent & received via fax</i>	Dermatology Oral/Topical Enrollment Form	Prescriber:	NPI:
	Physician Offices Call: 855-460-7928	Supervising Physician:	NPI:
	Fax: 888-777-5645	Address:	Tax ID:
		Phone:	Fax:
		Contact:	

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

PRESCRIPTION			
Has the patient received a loading dose/starter kit? <input type="checkbox"/> Yes Start Date: / / <input type="checkbox"/> No SHIP TO: <input type="checkbox"/> Patient's Home <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Other: _____			
Drug	Directions & Quantity	Refills	
Litfulto™	50mg Capsule	<input type="checkbox"/> Take 50 mg PO once daily (Quantity: 28)	
Olumiant®	<input type="checkbox"/> 2 mg Tablet	<input type="checkbox"/> Take 2 mg PO once daily (Quantity: 30)	
	<input type="checkbox"/> 4 mg Tablet	<input type="checkbox"/> Take 4 mg PO once daily (Quantity: 30)	
Otezla®	<input type="checkbox"/> 28 Day Starter Pack	<input type="checkbox"/> Take as directed per package instructions (Quantity: 55)	
	<input type="checkbox"/> 30 mg Tablet	<input type="checkbox"/> Take 30 mg PO twice daily (Quantity: 60)	
Sotyktu™	6 mg Tablet	<input type="checkbox"/> Take 6 mg PO once daily (Quantity: 30)	
Opzelura®	1.5 % Cream 60 gm	<input type="checkbox"/> Apply a thin layer to affected area(s) twice a day (Quantity: 1 tube)	
Vtama®	1% Cream 60 gm	<input type="checkbox"/> Apply a thin layer to affected area(s) once a day (Quantity: 1 tube)	

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:	Contraindication:	
<input type="checkbox"/> Methotrexate	<input type="checkbox"/> ()	<input type="checkbox"/>	_____	 Affected Areas <input type="checkbox"/> Face <input type="checkbox"/> Feet <input type="checkbox"/> Groin <input type="checkbox"/> Hands <input type="checkbox"/> Nails <input type="checkbox"/> Scalp <input type="checkbox"/> Other: PASI Score: _____ BSA % _____ SALT Score: _____
<input type="checkbox"/> Soriatane	<input type="checkbox"/> ()	<input type="checkbox"/>	_____	
<input type="checkbox"/> Clobetasol	<input type="checkbox"/> ()	<input type="checkbox"/>	_____	
<input type="checkbox"/> Stelara	<input type="checkbox"/> ()	<input type="checkbox"/>	_____	
<input type="checkbox"/> Humira	<input type="checkbox"/> ()	<input type="checkbox"/>	_____	
<input type="checkbox"/> Enbrel	<input type="checkbox"/> ()	<input type="checkbox"/>	_____	
<input type="checkbox"/> _____	<input type="checkbox"/> ()	<input type="checkbox"/>	_____	
PHOTOTHERAPY	Tried & Failed (Duration):	Not Tolerated:	Contraindication:	
<input type="checkbox"/> UVA /UVB	<input type="checkbox"/> ()	<input type="checkbox"/>	_____	
<input type="checkbox"/> Patient cannot afford	<input type="checkbox"/> Photosensitivity	<input type="checkbox"/> Risk of Skin Cancer	<input type="checkbox"/> Distance from Office	
<input type="checkbox"/> L20.9 Atopic Dermatitis		<input type="checkbox"/> L40.0 Psoriasis Vulgaris (Plaque Psoriasis)		Date of Diagnosis: / / Allergies:
<input type="checkbox"/> L63.9 Alopecia areata, unspecified		<input type="checkbox"/> L80 Vitiligo		
<input type="checkbox"/> Other: _____				
Active TB ruled out: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: / / Hep B ruled out/treated: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: / /				

Additional Clinical Information:	

American Academy of Dermatology Consensus Statement on Psoriasis Therapies	
<input type="checkbox"/> Psoriasis is covering greater than 10% of body surface area <input type="checkbox"/> Psoriasis is on palms, soles, head and neck, or genitalia <input type="checkbox"/> Psoriasis occurs in conjunction with pain, swelling, or stiffness in joints <input type="checkbox"/> Psoriasis patient needs more aggressive therapy due to impact on ability to perform daily activities, employment or interpersonal relationships	
PRESCRIBER SIGNATURE	
To Prescriber 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.	
Prescriber: _____	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.	