Faxed prescri	ptions will only be accep	oted from a prescribing	practitioner. Pa	1		escription to the pharmacy	, and cannot fay		ms to Senderra.		
SENDERRA		Miscellaneous Therapy Enrollment Form Physician Offices Call: 855-460-7928 Fax: 888-777-5645		Prescriber:				NPI:			
				Supervising Physician:				NPI:			
				Address:			Tax ID:				
Specialty Pharmacy 3712 E. Plano Parkway, Ste. 200				Office: Fax:			Fax:				
Plano, TX 75074				Contact:							
This prescription form is to be sent & received via fax PATIENT INFORMATION											
									SS#:		
Street:		Ci	ty:			State:		Zip:			
Phone:	Al	It. Phone:		C English	n □ Spanish	Other:		Wt.:	Ht.:		
PRESCRIPTION											
□ New □Refi	II Ship by: _	//	SHIP	то: 🗆 ра		e 🛛 Doctor's Offic		r:			
Drug					Dir	rections & Quantity			Refills		
Botox®*	☐ 100 unit Vial ☐ 200 unit Vial										
Dysport ^{®*}	☐ 300 unit Vial ☐ 500 unit Vial										
*Senderra will dispense upon prescriber request MEDICAL INFORMATION											
PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY											
PREVIOUS THE		_	ed & Failed	(Duration):	Not	Tolerated:	Reasor	n(s) for Discor	ntinuing:		
□			()							
□		□()							
□			()							
Diagnosis (ICD-10):					Allergies:						
Date of Diagnosi	is [.] / /										
Additional Clinical Information:											
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 insuran	signing this form and i ce companies, and co	o-pay assistance four	you are also a ndations.	iutnorizing Se		e as your prior authoriza	uon designate	eu agent in dealin	ig with medical and		
Prescriber:					Date:	_		/			
IMPORTANT: This f	ax is intended to be o	delivered only to the r			LITY NOTIC is material that		ary or exempt	from disclosure u	under applicable		
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