Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy, and cannot fax these referral forms to Senderra.

SENDERRA
Specialty Pharmacy

3712 E. Plano Parkway, Ste. 200
Plano, TX 75074

*This prescription form is to be sent & received via fax*

**Miscellaneous Therapy Enrollment Form**

**Physician Offices Call: 855-460-7928**

**Fax: 888-777-5645**

| | |
|---|---|
| **Prescriber**: | **NPI:** |
| **Supervising Physician**: | **NPI:** |
| Address: | **Tax ID:** |
| Office: | Fax: |
| Contact: | |

## PATIENT INFORMATION

| | | | |
|---|---|---|---|
| Name: | ☐ M ☐ F ☐ Trans M ☐ Trans F ☐ Other | DOB: ____/____/_____ | SS#: ____-____-_____ |
| Street: | City: | State: | Zip: |
| Phone: | Alt. Phone: | ☐ English ☐ Spanish ☐ Other: _____ | Wt.: _____ Ht.: _____ |

## PRESCRIPTION

☐ **New** ☐**Refill** | **Ship by: ____/____/____** | **SHIP TO:** ☐ **Patient's Home** ☐ **Doctor's Office** ☐ **Other:**_____

| Drug | | Directions & Quantity | Refills |
|---|---|---|---|
| **Botox®*** | ☐ 100 unit Vial<br>☐ 200 unit Vial | | |
| **Dysport®*** | ☐ 300 unit Vial<br>☐ 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 THERAPIES: | Tried & Failed (Duration): | Not Tolerated: | Reason(s) for Discontinuing: |
|---|---|---|---|
| ☐ _____ | ☐(_____) | ☐ | _____ |
| ☐ _____ | ☐(_____) | ☐ | _____ |
| ☐ _____ | ☐(_____) | ☐ | _____ |

**Diagnosis (ICD-10):** _____

**Date of Diagnosis**: _____/_____/_____

**Allergies:**

**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 insurance companies, and co-pay assistance foundations.

**Prescriber:**

**Date:** ____/____/_____

## CONFIDENTIALITY NOTICE