



1301 E. Arapaho Rd., Ste. 101  
Richardson, TX 75081

## Miscellaneous Therapy Enrollment Form

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

Fax: **888-777-5645**

This prescription form is to be sent & received via fax

<b>Prescriber:</b>		<b>NPI:</b>
<b>Supervising Physician:</b>		<b>NPI:</b>
<b>Address:</b>		<b>Tax ID:</b>
<b>Office:</b>	<b>Fax:</b>	
<b>Contact:</b>		

### PATIENT INFORMATION

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

### PRESCRIPTION

<input type="checkbox"/> New <input type="checkbox"/> Refill	<b>Ship by:</b> ____/____/____	<b>SHIP TO:</b> <input type="checkbox"/> Patient's Home <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Other: _____	
Drug	Directions & Quantity	Refills	
<b>Adcirca®</b> (tadalafil)	<input type="checkbox"/> 20 mg Tablet		
<b>Aldurazyme®</b>	<input type="checkbox"/> 2.9 mg/5 mL Vial		
<b>Botox®</b>	<input type="checkbox"/> 50 unit Vial <input type="checkbox"/> 100 unit Vial <input type="checkbox"/> 200 unit Vial		
<b>Cerezyme®</b>	<input type="checkbox"/> 400 unit Vial		
<b>Dysport®</b>	<input type="checkbox"/> 300 unit Vial <input type="checkbox"/> 500 unit Vial		
<b>Elaprase®</b>	<input type="checkbox"/> 6 mg/3 mL Vial		
<b>Epoprostenol Sodium*</b>	<input type="checkbox"/> 0.5 mg Vial <input type="checkbox"/> 1.5 mg Vial		
<b>Fabrazyme®</b>	<input type="checkbox"/> 5 mg Vial <input type="checkbox"/> 35 mg Vial		
<b>Makena®</b> (hydroxyprogesterone caproate)	<input type="checkbox"/> 275 mg/1.1 mL Auto-injector <input type="checkbox"/> 250 mg Vial <input type="checkbox"/> 1250 mg/5 mL Vial		
<b>Myobloc®</b>	<input type="checkbox"/> 2,500 unit/0.5 mL Vial <input type="checkbox"/> 5,000 unit/1 mL Vial <input type="checkbox"/> 10,000 unit/2 mL Vial		
<b>Revatio®</b> (sildenafil)	<input type="checkbox"/> 10 mg/mL oral suspension <input type="checkbox"/> 20 mg Tablet <input type="checkbox"/> 10 mg/12.5 mL Vial		
<b>Soliris®</b>	<input type="checkbox"/> 300 mg/30 mL Vial		
<b>Vpriv®</b>	<input type="checkbox"/> 400 unit Vial		
<b>Xiaflex®</b>	<input type="checkbox"/> 0.9 mg 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\*\*\*

<b>PREVIOUS THERAPIES:</b>	<b>Tried &amp; Failed (Duration):</b>	<b>Not Tolerated:</b>	<b>Reason(s) for Discontinuing:</b>
<input type="checkbox"/> _____	<input type="checkbox"/> (_____) _____	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	<input type="checkbox"/> (_____) _____	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	<input type="checkbox"/> (_____) _____	<input type="checkbox"/>	_____
<b>Diagnosis (ICD-10):</b> _____		<b>Date of Diagnosis:</b> ____/____/____	
<b>Additional Clinical Information:</b>		<b>Allergies:</b>	

### PRESCRIBER SIGNATURE REQUIRED---STAMPED SIGNATURE NOT ALLOWED

**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.

**PRODUCT SUBSTITUTION PERMITTED**

**DISPENSE AS WRITTEN**

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ X \_\_\_\_\_ 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.