

Faxed prescriptions will only be accepted from a prescriber. 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

Urologic Oncology Enrollment Form

Physician Offices Call:
877-513-3107

Patients Call:
888-777-5547

Oncology Fax:
855-662-6779

Prescriber:		NPI:
Supervising Physician:		NPI:
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

<input type="checkbox"/> New <input type="checkbox"/> Refill	Ship by: ___/___/___	SHIP TO: <input type="checkbox"/> Patient's Home <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Other: _____
Drug	Directions & Quantity	Refills
Xtandi®	<input type="checkbox"/> 40 mg Capsules <input type="checkbox"/> 40 mg Tablets	<input type="checkbox"/> Take 160 mg (FOUR 40 mg tablets or capsules) PO once daily with or without food (Quantity: 120)
	<input type="checkbox"/> 80 mg Tablets	
Yonsa®	125 mg Tablets	<input type="checkbox"/> Take 500 mg (FOUR tablets) PO once daily (Quantity: 120)
Zytiga® <i>(abiraterone acetate)</i>	<input type="checkbox"/> 250 mg film-coated Tablets	<input type="checkbox"/> Take 1,000 mg (FOUR 250 mg tablets) PO once daily on an empty stomach (Quantity: 120) <input type="checkbox"/> Take 1,000 mg (TWO 500 mg tablets) PO once daily on an empty stomach (Quantity: 60)
	<input type="checkbox"/> 250 mg uncoated Tablets	
	<input type="checkbox"/> 500 mg film-coated Tablets	

ADDITIONAL MEDICATIONS

Drug	Directions & Quantity	Refills
<input type="checkbox"/> Casodex (bicalutamide) 50 mg Tablets	<input type="checkbox"/> Take 50 mg PO once daily (Quantity: 30)	
<input type="checkbox"/> Eligard		
<input type="checkbox"/> Firmagon	<input type="checkbox"/> INITIAL: Inject 240 mg (two 120 mg injections) SQ on day 1 (Quantity: 1 Kit) <input type="checkbox"/> MAINTENANCE: Inject 80 mg SQ every 28 days thereafter (Quantity: 1 Kit)	
<input type="checkbox"/> Lupron Depot		
<input type="checkbox"/> Methylprednisolone 4 mg Tablets	<input type="checkbox"/> Take 4 mg PO twice daily (Quantity: 60)	
<input type="checkbox"/> Prednisone 5 mg Tablets	<input type="checkbox"/> Take 5 mg PO twice daily with food (Quantity: 60) <input type="checkbox"/> Take 5 mg PO once daily with food (Quantity: 30)	
<input type="checkbox"/> Trelstar		

MEDICAL INFORMATION

*****PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY BASELINE LABS & CLINICAL NOTES REGARDING THERAPY*****

Date of Diagnosis: ___/___/___ <input type="checkbox"/> C61 Malignant neoplasm of prostate <input type="checkbox"/> Other: _____	Serum PSA: _____ Date: ___/___/___	Allergies:
<input type="checkbox"/> Patient has castration-resistant prostate cancer (CRPC) <input type="checkbox"/> Patient has metastatic castration-resistant prostate cancer (mCRPC) <input type="checkbox"/> Patient has metastatic castration-sensitive prostate cancer (mCSPC) <input type="checkbox"/> Patient has non-metastatic castration-resistant prostate cancer (nmCRPC) <input type="checkbox"/> Patient has non-metastatic castration-sensitive prostate cancer (nmCSPC)		

Additional Clinical Information:

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

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