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.

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

This prescription form is to be sent & received via fax

Ancillary Dermatology Enrollment Form

Physician Offices Call: 855-460-7928

Fax: 888-777-5645

Prescriber:	**NPI:**
Supervising Physician:	**NPI:**
Address:	**Tax ID:**
Phone:	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

Has the patient received a loading dose/starter kit? ☐ **Yes Start Date:** ____/____/______ ☐ **No** | **SHIP TO:** ☐ **Patient's Home** ☐ **Doctor's Office** ☐ **Other:**___________

Drug	Strength	Quantity	Drug	Strength	Quantity
Aczone (dapsone)	☐ 5% Gel 60 gm ☐ 7.5% Gel 60 gm		**Ketoconazole**	☐ 2% Cream 30 gm ☐ 2% Cream 60 gm	
BenzaClin (clindamycin & BPO)	☐ 1-5 % Gel 25 gm ☐ 1-5% Gel 35 gm ☐ 1-5% Gel 50 gm		☐ **Kerydin** (tavaborole)	5% Topical Solution 10 mL	
☐ **Cabtreo**	1.2%/0.15%/3.1% Gel 50 gm		☐ **Mirvaso**	0.33% Gel 30 gm	
Clobetasol	☐ 0.05% Cream 60 gm ☐ 0.05% Lotion 59 mL		**Naftin** (Naftifine HCL)	☐ 2% Cream 45 gm ☐ 2 % Gel 60 gm	
Cordran (flurandrenolide)	☐ 0.05% Ointment 60 gm ☐ 0.05% Cream 120 gm		☐ **Onexton**	Gel 50 gm	
Desonate (desonide)	☐ 0.05% Gel 60 gm ☐ 0.05% Cream 60 gm		☐ **Oracea** (doxycycline)	40 mg Capsules	30
☐ **Duobrii**	0.01%-0.045% Lotion 100 gm		☐ **Protopic** (tacrolimus)	0.03% Ointment 60 gm	
☐ **Efudex** (fluorouracil)	5% Cream 40 gm		**Retin-A Micro**	☐ 0.06% Pump Gel 50 gm ☐ 0.08% Pump Gel 50 gm	
☐ **Eletone**	Cream 100 gm		☐ **Rhofade**	1% Cream 30 gm	
☐ **Elidel** (pimecrolimus)	1% Cream 60 gm		☐ **Soolantra** (ivermectin)	1% Cream 45 gm	
Enstilar	☐ 0.005%-0.064% Foam 60 gm ☐ 0.050%-0.064% Foam 120 gm		☐ **Tazorac** (tazarotene)	0.1% Cream 60 gm	
☐ **Epiduo** (adapalene & BPO)	0.1%-2.5% Gel 45 gm		☐ **Tolak**	4% Cream 40 gm	
☐ **Epiduo Forte**	0.3%-2.5% Gel 45 gm		☐ **Triamcinolone Acetonide**	0.1% Lotion 60 mL	
☐ **Eucrisa**	2% Ointment 60 gm		☐ **Ultravate** (halbetasol propionate)	0.05% Lotion 60 mL	
Finacea (azelaic acid)	☐ 15% Gel 50 gm ☐ 15% Foam 50 gm		☐ **Vanos** (fluocinonide)	0.1% Cream 60 gm	
Halog (halocinonide)	☐ 0.1% Ointment 60 gm ☐ 0.1% Cream 60 gm		☐ **Veltin** (clindamycin/tretinoin)	1.2/0.025% Gel 30 gm	
☐ **Hydrocortisone Butyrate**	0.1% Cream 60 gm		☐ **Vtama**	1% Cream 60 gm	
☐ **Jublia**	10% Solution 4mL		**Zoryve**	☐ 0.3% Cream 60 gm ☐ 0.3% Foam 60 gm	

Directions: **Refills**

MEDICAL INFORMATION

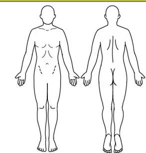
*****PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY*****

PREVIOUS THERAPIES:	Tried & Failed (Duration):	Not Tolerated:	Contraindication:
☐ __________________	☐ (__________________)	☐	__________________
☐ __________________	☐ (__________________)	☐	__________________
☐ __________________	☐ (__________________)	☐	__________________

Diagnosis (description): ________________________ **ICD-10 Code(s):** ______________________________

Date of Diagnosis: _____/_____/_________ **Allergies:** ____________________________________

Additional Clinical Information:



Affected Areas

☐ Face ☐ Feet ☐ Groin ☐ Hands

☐ Nails ☐ Scalp ☐ Other: BSA %: ___

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.

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.