

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:
855-460-7928

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
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"/> 250 mg uncoated Tablets <input type="checkbox"/> 500 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)	

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 CLINICAL NOTES REGARDING THERAPY*****

PREVIOUS THERAPIES:	Tried & Failed (Duration):	Not Tolerated:	Reason(s) for Discontinuation:
<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"/>	_____

Date of Diagnosis: ____/____/____	Serum PSA: _____	Allergies:
<input type="checkbox"/> C61 Malignant neoplasm of prostate	Date: ____/____/____	
<input type="checkbox"/> Other: _____		

- Patient has metastatic castration-resistant prostate cancer (mCRPC)
- Patient has metastatic castration-sensitive prostate cancer (mCSPC)
- Patient has non-metastatic castration-resistant prostate cancer (nmCRPC)

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

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.