

Basal Cell Carcinoma Prescription Referral Form



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PATIENT INFORMATION - PLEASE FORWARD FRONT AND BACK OF INSURANCE CARDS

First Name: _____ Last Name: _____ Date of Birth: _____ M F
 Street Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: _____ SSN: _____ Patient Preferred Language: English Spanish _____

PRESCRIBER INFORMATION

Prescriber Name: _____ DEA: _____ NPI: _____
 Address: _____
 Phone Number: _____ Fax Number: _____ Contact Person: _____

PATIENT CLINICAL INFORMATION / HISTORY

Diagnosis: Locally advanced basal cell carcinoma ICD 10: C44.91
 Has patient's basal cell carcinoma recurred following surgery or radiation therapy? Yes No
 Is the patient a candidate for surgery or radiation therapy? Yes No
 Drug Allergies: _____
 Previous / Failed Medications: _____

(PLEASE FORWARD ALL RELEVANT CHART NOTES)

PRESCRIBING INFORMATION

NEW RESTART CONTINUING | SHIPPING PREFERENCE: Deliver medication to patient Deliver medication to MD

MEDICATION	DOSAGE	SIG	QTY	REFILLS
<input type="checkbox"/> ERIVEDGE	<input type="checkbox"/> 150mg Capsule	<input type="checkbox"/> Take one capsule by mouth once daily		
<input type="checkbox"/> ODOMZO	<input type="checkbox"/> 200mg Capsule	<input type="checkbox"/> Take one capsule by mouth once daily on an empty Stomach at least 1 hour before or 2 hours after a meal		
<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"/> _____		
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____		

PRESCRIPTION SIGNATURE

Dispense as Written: _____ Substitution Permitted: _____ Date: _____

I Authorize Blue Sky Specialty Pharmacy and it's representatives to act as my agent in order to initiate and execute the insurance prior authorization process/appeals if necessary, in doing so, to release clinical information via phone/fax to appropriate third party payor.