GASTROENTEROLOGY NON SPECIALTY
Prescription Referral Form

blue sky SPECIALTY PHARMACY

Phone: 843-352-7662 | Fax: 833-898-3992 | Backup Fax 843-352-7629 | 1501 Belle Isle Ave #150 Mt Pleasant SC 29464

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

Name: _____ DEA: _____ NPI: _____

Address: _____

Phone Number: _____ Fax Number: _____ Contact Person: _____

Office's Preferred Method of Contact: ☐Phone ☐Fax ☐Portal ☐Email: _____ ☐Other: _____

PATIENT CLINICAL INFORMATION / HISTORY -PLEASE FORWARD ALL CHART NOTES AND LABWORK

Diagnosis: _____ ICD 10: _____ Weight: _____ Height: _____ Drug Allergies: _____

Previous / Failed Medications: _____

Notes: _____

PRESCRIBING INFORMATION

☐ NEW ☐ RESTART ☐ CONTINUING | SHIPPING PREFERENCE: ☐ Deliver Medication to Patient ☐ Deliver Medication to MDO

MEDICATION	DOSAGE	SIG	QTY	RFLS
☐ ALINIA	☐ 500mg Tablet	☐ Take 500mg by mouth twice daily		
☐ CREON	☐ _____ Lipase Units	☐ Take _____ capsules during each meal and _____ during each snack		
☐ DIFICID	☐ 200mg Tablet	☐ Take 200mg by mouth twice daily	20	0
☐ IBSRELA	☐ 50mg Tablet	☐ Take 50mg by mouth twice daily		
☐ VEMLIDY	☐ 25mg Tablet	☐ Take 25mg by mouth twice daily		
☐ XIFAXAN	☐ 550mg Tablet	☐ Irritable Bowel Syndrome: Take 550mg by mouth three times a day	42	
		☐ Hepatic Encephalopathy: Take 550mg by mouth twice daily		
☐ ZENPEP	☐ _____ Lipase Units	☐ Take _____ capsules during each meal and _____ during each snack		

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 payer