DERMATOLOGY TOPICALS

Prescription Referral Form



	898-3992 Backup Fax 843-352-7629					'		
	PLEASE FORWARD FRONT AN							
	SSN:							
PRESCRIBER INFORMATION			Tatient Treferre	od Edinguage.	Tenghan Lopuman L			
			DFΔ·		NPI			
					Contact Person:			
Office's Preferred Metho	d of Contact: □Phone □Fax	□ Portal □ Em	ail:					
PATIENT CLINICAL INFOR	MATION / HISTORY -PLEASE F	ORWARD ALL CH	IART NOTES AND LAB	WORK				
Drug Allergies:		BSA%:	_ Previous / Failed	Medications: _				
PRESCRIBING INFORMATI	ION							
☐ NEW ☐ RESTART [CONTINUING SHIF	PING PREFEREN	NCE: 🗌 Deliver Med	ication to Patie	ent 🗌 Deliver Me	dication to MDC)	
MEDICATION	DOSAGE	SIG					Q	Y RFLS
☐ OPZELURA	□ 1 F9/ 400 Tube (0)	□ Ammly a	this laves tories dell			- 1- 209/ BCA		0
U OFZEEDIKA	☐ 1.5% 60G Tube (Cream)	 Apply a thin layer twice daily as directed to affected area of up to 20% BSA Apply a thin layer twice daily as directed to affected area of up to 10% BSA 				6		
			tilli layer twice dali				0	0
	□ 10/ /00 T I							0
│	☐ 1% 60G Tube (Cream)	=	thin layer once daily				0	0
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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

_ Substitution Permitted:_