



Neurology Prescription Referral Form

Fax: 800.823.4506 Phone: 800.850.4306, option 2

To ensure your patient receives his/her medication as soon as possible, please complete and fax this form, with the patient's relevant treatment history and clinic notes to support the prior authorization process.

Contact Prescriber with results of benefits investigation before initiating dispense or contacting patient.

PATIENT INFORMATION

Full Name _____ Gender M F DOB _____ Social Security # _____
 Mailing Address _____ City _____ State _____ Zip _____
 Home Phone _____ Alternate Phone _____
 Alternate Contact _____ Relationship _____
 Alternate Contact Phone _____ **Injection training completed?** YES NO N/A

INSURANCE INFORMATION

Please include a copy of the front and back of the patient's medical and prescription insurance cards.

CLINICAL INFORMATION

ICD-10 Code _____ Primary Diagnosis _____
 Height _____ Weight _____ Allergies _____
 Prior Therapies _____
 Reasons for Discontinuation _____ Year _____
 Is patient receiving oral steroids? YES NO If yes, give dose/duration: Prednisone _____ Dexamethasone _____
 Notes _____
 List other medications that are being administered as part of this treatment regimen including dose and duration.

PRESCRIBER INFORMATION

Hospital/Clinic _____ Office Contact _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____ Tax ID _____

Prescriber Names	DEA #	NPI #
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

PRESCRIPTION INFORMATION

Rx Start Date _____ Rx Sent Via fax escribe
 Ship to: Prescriber Patient If shipping to prescriber: First Fill Always

1. Drug Name/Strength _____
 Quantity _____ # of Refills _____ Brand Medically Necessary? YES NO
 Directions _____

2. Drug Name/Strength _____
 Quantity _____ # of Refills _____ Brand Medically Necessary? YES NO
 Directions _____

Prescriber Signature (No Stamps) _____ Date _____

Please attach a separate prescription if this form does not comply with your state's prescription law.

QUESTIONS ABOUT OUR REFERRAL PROCESS?

Biologics Pharmacy
800.850.4306, option 2

Download additional forms at
www.biologicsinc.com/Rx