

PATIENT INFORMATION

Patient Name: _____
 Address: _____
 City, State, Zip: _____
 Primary Phone: _____ DOB: _____
 Alternate Phone: _____ Gender: Male Female
 Email: _____
 Primary Language: _____

PRESCRIBER INFORMATION

Name: _____
 State License #: _____ NPI #: _____
 DEA #: _____
 Address: _____
 City, State ZIP: _____
 Phone: _____ Fax: _____
 Contact Person: _____ Phone: _____

Metier Pharmacy can accept only original prescription drug orders from patients and faxed prescriptions from prescribers.

INSURANCE INFORMATION If available, please fax copy of prescription insurance cards with this form(front and back).

Diagnosis/Clinical Information *Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization*

Diagnosis: _____ ICD-10 _____ Serum Creatinine _____
 Renal Dysfunction: Yes No Liver Dysfunction Yes No H/H(Hemoglobin/Hematocrit): _____
 To expedite prior authorization services, please provide chemo regimen/schedule, last clinical notes and/or lab values/scans.
 Date and value of last HbA1c _____ Date and value of last Serum PSA _____
 Date and value of last Serum Testosterone _____ Date of Orchiectomy _____

PRESCRIPTION

Medication	Dose/Strength	Directions	Qty.	Refills
Lupron Depot®				
Trelstar®				
Eligard				
Firmagon®				
Casodex				
Nilandron®				
Zoladex				
Eulexin				
Valstar®				
Mitomycin				
Xgeva	120mg dose (1.7-ml Injection)	Administer once every 4 weeks		
Zytiga	250mg	Take 4 tablets daily without food		
Prednisone	5 mg	5mg BID with food Other:		

To Physician: By signing this form and utilizing our services, you are also authoring Metier Pharmacy to serve as your prior authorization agent in dealing with medical and prescription insurance companies and copay assistance foundations.

Provider Signature: _____

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 destroy the document immediately.