



On your behalf, we can help your practice:

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 Fax: 561-353-1293

765 Morris Park Ave
 Bronx, NY 10462
 Phone: 718-823-6378
 Fax: 718-823-6451

Specialty Pharmacy Urology Order Form

Date Medication Needed:

Patient Information

Last Name: _____ First Name: _____

Date of Birth: _____ Social Security: _____ Male _____ Female _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Insurance: _____ Policy #: _____ ***Please include copy of insurance card***

Clinical:

Diagnosis/ICD-10 Code: _____ Ht / Wt / Allergies: _____

Tried & Failed Medications: _____

Rx Prescription:

Medication	Dose/Strength	Directions	Quantity	Refills
TRELSTAR®	Trelstar 3.75mg IM Every Month Trelstar 11.25mg IM Every 3 months Trelstar 22.5mg IM Every 6 Months	Inject Intramuscularly by Physician		
ELIGARD®	Eligard 7.5mg Every Month Eligard 22.5mg Every 3 Months Eligard 45mg Every 6 Months	Inject Subcutaneously by Physician		
LUPRON®	Lupron 7.5mg Every Month Lupron 22.5mg Every 3 Months Lupron 30mg Every 4 Months Lupron 45mg Every 6 Months	Inject Intramuscularly by Physician		
FIRMAGON®	Firmagon (Starter Kit) 240mg	Starting: Treatment is started with a dose of 240mg given as two injections of 120mg each		
	Firmagon (Maintenance) 80mg	Inject Subcutaneously every 28 days		
TICE BCG®	50mg	Administer Intravesically once a week		
ZOLADEX®	10.8mg 3.6mg			
PROLIA®	60mg/ml PFS	Inject 60mg Subcutaneously every 6 months		
XGEVA®	120mg/1.7ml Vial			
BOTOX®	100units 200units	Inject into the destrusor by Physician		
ZYTIGA®	250mg tab			
MITOMYCIN®	20mg vial 40mg vial			
VALSTAR®	800mg	Administer Intravesically once a week for 6 weeks		
OTHER:				

MD Signature (Required):

Date:

MD Name (Printed):

NPI:

DEA:

Phone:

Fax:

Contact:

Address:

City:

State:

Zip: