

Ship to: Patient Physician Other **Need:** Nurse Training
All supplies, including syringes and needles, will be dispensed if needed.

Patient Information	Patient Name: _____ DOB: _____ SSN: _____
	Address: _____
	City: _____ State: _____ Zip: _____
	Phone: _____ Alt Phone: _____
	Alternate Contact Name: _____ Alt Contact Phone: _____
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Allergies: _____ E-Mail: _____

PLEASE ATTACH COPIES OF FRONT AND BACK OF PATIENT'S PRESCRIPTION INSURANCE CARDS AND MOST RECENT LABS

Clinical Information	Diagnosis – Please include diagnosis name with ICD-10 Code Date of Diagnosis: _____ _____ _____	Additional Information: Therapy: <input type="checkbox"/> New <input type="checkbox"/> Reauthorization <input type="checkbox"/> Restart Weight: _____ kg/lbs Height: _____ cm/in Lab Data: _____ Concomitant Medications: _____
	Additional Comments: _____ _____	

Prescription Information	Medication	Dose / Strength	Directions	Quantity	Refills

Prescriber Information	PRIOR AUTHORIZATION	
	Prescriber Name: _____ NPI: _____ DEA: _____	
	Group/Hospital: _____	
	Address: _____	
	City, State, Zip: _____ Tel: _____ Fax: _____	
	Contact Person: _____ E-Mail: _____	
PRESCRIBER SIGNATURE (Prescriber, please sign and date below)		No stamps. Signature and date must be completed in prescriber's handwriting. NY prescriptions must be submitted via e script.
I authorize Premier Pharmacy and its representatives to act as an agent to initiate and execute prior authorization for the above patient in order to expedite the process, please provide chart notes and most recent labs.		
Physician's Signature: _____ <input type="checkbox"/> Dispense as written (DAW) Date: ____/____/____		
<small>IMPORTANT NOTICE: This communication is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agent responsible for delivery of the communication, you are hereby notified that any dissemination, distribution, or copying of the communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone.</small>		