



Irving

SPECIALTY PHARMACY

Oral Oncology Prescription Information

Patient's Information

Date:	Patient Name:	Date of Birth:	
Social Security #:	HT:	WT:	Sex: M _____ F _____
Address:			
City:	State:	Zip Code:	
Home Phone:		Alternate Phone:	
Insurance:		Phone:	
ID#:		Group #:	
Employer:		Subscriber's Name:	
Deliver to:	<input type="checkbox"/> Patient	<input type="checkbox"/> Physician's office	<input type="checkbox"/> Other _____ <input type="checkbox"/> Date needed by:

Oral Oncolytics

<input type="checkbox"/> Afinitor (everolimus)	<input type="checkbox"/> Promacta (eltrombopag)	ICD-9 Code:
<input type="checkbox"/> Arimidex (anastrozole)	<input type="checkbox"/> Sprycel (dasatinib)	Diagnosis:
<input type="checkbox"/> Aromasin (exemestane)	<input type="checkbox"/> Stivarga (regorafenib)	Dose/QTY/Directions:
<input type="checkbox"/> Bosulif (bosutinib)	<input type="checkbox"/> Tafinlar (dabrafenib)	
<input type="checkbox"/> Cometriq (cabozantinib)	<input type="checkbox"/> Tasisign (nilotinib)	Refills:
<input type="checkbox"/> Femara (letrozole)	<input type="checkbox"/> Temodar (temozolomide)	
<input type="checkbox"/> Gleevec (imatinib)	<input type="checkbox"/> Tykerb (lapatinib)	
<input type="checkbox"/> Herceptin (trastuzumab)	<input type="checkbox"/> Votrient (pazopanib)	
<input type="checkbox"/> Hycamtin (topotecan)	<input type="checkbox"/> Xeloda (capecitabine)	
<input type="checkbox"/> Jadenu (deferasirox)	<input type="checkbox"/> Zykadia (ceritinib)	
<input type="checkbox"/> Mekinist (trametinib)	<input type="checkbox"/> Zytiga (abiraterone)	
<input type="checkbox"/> Nolvadex (tamoxifen)	<input type="checkbox"/> Other:	

Ancillary Medications

<input type="checkbox"/> Aranesp (darbepoetin Alfa)	<input type="checkbox"/> Neupogen (filgrastim)	Dose/QTY/Directions:
<input type="checkbox"/> Arixtra (fondaparinux)	<input type="checkbox"/> Neulasta (pegfilgrastim)	
<input type="checkbox"/> Ativan (lorazepam)	<input type="checkbox"/> prednisone	Refills:
<input type="checkbox"/> Benadryl (diphenhydramine)	<input type="checkbox"/> Procrit (epoetin alfa)	
<input type="checkbox"/> Caphasol	<input type="checkbox"/> Promacta (eltrombopag)	
<input type="checkbox"/> Emend (aprepitant)	<input type="checkbox"/> Sancuso (granisetron)	
<input type="checkbox"/> Lovenox (enoxaparin)	<input type="checkbox"/> Zofran (ondansetron)	
<input type="checkbox"/> Other:		

Physician

Physician's Name:		Office Contact:
Physician's Street:		Phone:
City:	State:	Zip:
Signature:		Date:

*****Irving Specialty Pharmacy 115 Irving Ave Brooklyn New York 11237*****

Important Notice: This facsimile transmission is intended to be delivered only to the named recipient(s), and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named recipient, immediately notify the sender at the address and phone number set forth herein and obtain instructions as to properly dispose of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except authority of the sender to the named addressee.