



XUBEX® PHARMACY

Value Added Services:

- Free Delivery to your home or doctor's office
- Co-Pay and Prior Authorization Assistance
- 24/7 On Call Service

EVZIO® (Naloxone HCl) PATIENT REFERRAL FORM

3796 Howell Branch Rd
Winter Park, FL 32792

Phone: (407) 478-2663

Fax : 866-495-3304

customerservice@xubex.com

PATIENT INFO		PRESCRIPTION INFO	
Patient Name (Last, First)		Prescriber Name (Last, First)	
Phone Number ()	Alternate Phone Number ()	Phone Number ()	Fax Number ()
Home Address		Address	City State Zip
City	State	ZIP	NPI
Social Security #		DEA	X-DEA
DOB:		Office Contact	Email
INSURANCE			
Primary Insurance		Phone Number	
ID Number		<input type="radio"/> Medicare <input type="radio"/> Medicaid	
Group Number		Secondary Insurance Coverage	
BIN Number		Secondary Insurance Phone Number ()	
PCN Number			
FOR FASTER SERVICE YOU MAY ePRESCRIBE TO XUBEX® PHARMACY NPI # 1780796615 NABP# 1074993			
CLINICAL INFORMATION		DELIVERY ADDRESS	
Diagnosis (ICD-10 Code) :		<input type="checkbox"/> Ship to home address	
Currently Prescribed Opioid <input type="radio"/> YES <input type="radio"/> NO		<input type="checkbox"/> Ship to doctor's office	
Currently Prescribed Opioid :		Address	
Please list any known allergies to medications:		City	
		State Zip	
PRESCRIPTION			
<input type="checkbox"/> 1 carton (2 auto-injectors & 1 trainer) <input type="checkbox"/> 2 cartons (4 auto-injectors & 2 trainers) ___ Refills		Drug: EVZIO (naloxone HCl injection) 0.4mg auto-injector Directions: PRN for opioid emergency	
PRESCRIBER'S SIGNATURE		DATE:	