

TODAY'S DATE \_\_\_\_\_ DATE NEEDED \_\_\_\_\_

### PATIENT INFORMATION

First:	Last:	M.I.:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	SSN:	Best Phone:		
Address:	City:	State:	Zip:	
Shipping Address (if different from home address):		Height:	Weight:	

### PRESCRIBER INFORMATION

First:	Last:	M.I.:
DEA#:	Med. Lic. #:	NPI#:
Office Contact:	Phone:	Alt. Phone:
Address:	City:	State: Zip:

### INSURANCE INFORMATION (PLEASE FAX COPIES OF FRONT AND BACK OF INSURANCE, PRESCRIPTION AND/OR CO-PAY ASSISTANCE CARDS)

<b>Primary:</b>	PCN:	BIN#	<b>Secondary:</b>	PCN:	ID#:
Phone:	ID#:	Group#	Phone:	BIN#	Group#
<b>Prescription Drug Insurer:</b>	Phone:	RxGrp#:	RxBIN#:	PCN/ID#:	
<b>Medicare Part</b> <input type="checkbox"/> A <input type="checkbox"/> B					

### CLINICAL INFORMATION

Length of Need: \_\_\_\_\_  Medically Necessary

Primary Diagnoses:  491.0  492.0  496 Other ICD-9 \_\_\_\_\_

Allergies: \_\_\_\_\_

Failed Therapies and Dates: \_\_\_\_\_

Current Therapies/Medications: \_\_\_\_\_

### PRESCRIPTION (PLEASE SELECT FROM THE BELOW AND PROVIDE APPROXIMATE DAYS SUPPLY)

<b>Brovana®</b> <b>15MCG/2ML INH Solution</b>  Qty: _____ Refills: _____ Sig: _____	<b>Albuterol</b> <b>0.083% Inhalation Soution</b>  Qty: _____ Refills: _____ Sig: _____	<b>Ipratropium</b> <b>0.2% Inhalation Soution</b>  Qty: _____ Refills: _____ Sig: _____
<b>Budesonide</b> <b>0.5MG/2ML</b>  Qty: _____ Refills: _____ Sig: _____	<b>Duoneb®</b> <b>INH Solution</b>  Qty: _____ Refills: _____ Sig: _____	<b>Albuterol Inhaler</b>  Qty: 1 Refills: _____ Sig: _____
<b>Combivent® Inhaler</b>  Qty: _____ Refills: _____ Sig: _____	<b>Nebulizer Machine</b>  Qty: 1 Sig: _____  To be used with the medication	<b>Other</b> Medication Name: _____ Strength: _____ Directions: _____ Qty: _____ Refills: _____ <input type="checkbox"/> 1 Year

### ADDITIONAL INSTRUCTIONS

**Please Deliver To:**  Patient's Home  Dr.'s Office  1<sup>st</sup> dose to MD's office, remaining refills to patient's home

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**You may eScribe to: Medicine Shoppe Xubex Pharmacy, MCS Enterprises Inc. NABP: 1074993 NPI:1780796615**