

## **Transplant Prescription Referral Form**

TotalCareRX.com
If you need a medication not listed, please contact us.

Phone: 718-762-7111 Fax: 718-504-7426

Date Medication Needed:	Ship To: Patient's Ho	me Pres	scriber's Office Pick-up				
1: Patient Information	n						
Patient Name:	Birth	date:	Sex: Male	Female <b>Height:</b>	Weight:		bs. kg.
Soc. Sec. #:	Preferred Phone:	Known Aller	gies:				
Address:		City:		State:	Zip:		
Alternate Caregiver Name:				none:			
•	<b>Information:</b> Please fax FR	ONT and B	ACK copy of ALL Insura	nce cards (Prescription	on and Medical)		
2: Prescriber Informa	tion						
Provider Name:						x ID#:	
Address:							
City:	State:	Zip:	Key Contact:		_ Phone: (	_)	
3: Diagnosis/Clinical I	nformation   Please FA	X recent cl	inical notes, Labs, Tests,	with the prescription	to expedite the	Prior Autl	horization
Transplant Date:	Anticipated Discharge D	ate:	ICD-10:				
80							
4: Prescription Inform	nation						
Medication	Dose/Strength	DAW?		Sig		Qty.	Refills
Cellcept®	200mg/ml 250mg 500mg						
Gengraf (Modified Cyclosporine)	25mg 50mg 100mg						
Myfortic® (Mycophenolic Acid)	180mg 360mg						
Neoral®(Modified Cyclosporine)	25mg 100mg 100mg/ml						
Prograf®	0.5mg 1mg 5mg						
Rapamune® (Sirolimus)	0.5mg 1mg 2mg 1mg/ml						
Envarsus XR	75mg 1mg 4mg						
Tacrolimus (Compounded Tacrolimus Liquid)	0.5mg/1ml 1mg/1ml						
Transplant Kit (BP monitor, therm., pill cutter, pill box, blood pressure cuff) Cuff Size: S M L	1 package		Use as directed			1	
Patient Support Prog	rams: Please sign and date	below to e	nroll in the pharmaceut	ical company assiste	d patient suppor	rt prograr	<u> </u>
Patient Signature:				Date:			
	Prescriber Sigr	nature: Pre	escriber, please sign and	d date below		,	
Dispense as written  MPORTANT NOTICE: This fax is intended to be delivered	Date d only to the named addressee and contains confi	dential information	Substitution Permis: that may be protected health information	n under federal and state laws. If you		Date	
ire not the intended recipient, do not disseminate, distril Fax does not constitute a valid prescription as per NY St	oute, or copy this fax. Please notify the sender impact Board of Pharmacy.	nediately if you ha	ve received this document in error and th	en destroy this document immediate	y. # of Prescri	ptions:	