



# RICHMOND PHARMACY

## Specialty Script

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Needs by Date: \_\_\_\_\_

Language: \_\_\_\_\_  Nursing Instruction Required

Ship to:  Patient  MD Office

### ONCOLOGY REFERRAL FORM

Prescriber's Name: \_\_\_\_\_ DEA #: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Office Contact: \_\_\_\_\_

#### PATIENT INFORMATION: Please complete the following or send patient demographic sheet

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  F  M

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_ Email: \_\_\_\_\_

#### PLEASE ATTACH ALL PRIMARY AND SECONDARY INSURANCE INFORMATION

#### CLINICAL INFORMATION

##### Clinical Evaluation

Primary Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Other Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Other Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

#### PRESCRIPTION INFORMATION

ORAL	INJECTION	SUPPORT
<input type="checkbox"/> AFINITOR (everolimus)	<input type="checkbox"/> ADCETRIS (brentuximab)	<input type="checkbox"/> ARANESP (darbepoetin alfa)
<input type="checkbox"/> BOSULIF (bosutinib)	<input type="checkbox"/> ALIMTA (cisplatin)	<input type="checkbox"/> EPOGEN (epoetin alfa)
<input type="checkbox"/> COTELLIC (cobimetinib)	<input type="checkbox"/> ARIXTA (fondaparinux)	<input type="checkbox"/> LUPRON (leuprolide acetate)
<input type="checkbox"/> ERIVEDGE (vismodegib)	<input type="checkbox"/> AVASTIN (bevacizumab)	<input type="checkbox"/> NEULASTA (pegfilgrastim)
<input type="checkbox"/> GLEEVEC (imatinib mesylate)	<input type="checkbox"/> BENLYSTA	<input type="checkbox"/> NEUPOGEN (migrastim)
<input type="checkbox"/> JADENU (deferasirox)	<input type="checkbox"/> ENTYVIO (vedolizumab)	<input type="checkbox"/> PROCIT (epoetin alfa)
<input type="checkbox"/> KISQALI (ribociclib)	<input type="checkbox"/> ERBITUX (cetuximab)	<input type="checkbox"/> SANDOSTATIN (octreotide)
<input type="checkbox"/> LONSURF (trifluoride tipiracil)	<input type="checkbox"/> FASLODEX (fulvestrant)	<input type="checkbox"/> _____
<input type="checkbox"/> MEKINIST (trametinib)	<input type="checkbox"/> GAZYVA (obinutuzumab)	<input type="checkbox"/> _____
<input type="checkbox"/> NEXAVAR (sorafenib)	<input type="checkbox"/> HERCEPTIN (trastuzumab)	<input type="checkbox"/> _____
<input type="checkbox"/> NINLARO (ixazomib)	<input type="checkbox"/> KADCYLA (ado-trastuzumab)	<input type="checkbox"/> _____
<input type="checkbox"/> PROMACTA (eltrombopag)	<input type="checkbox"/> KEYTRUDA (pembrolizumab)	<input type="checkbox"/> _____
<input type="checkbox"/> SPRYCEL (desatenib)	<input type="checkbox"/> KYPROLIS (carfilzomib)	<input type="checkbox"/> _____
<input type="checkbox"/> STIVARGA (regorafenib)	<input type="checkbox"/> MOZOBIL (plerixafor)	<input type="checkbox"/> _____
<input type="checkbox"/> TAFILNAR (debrafenib)	<input type="checkbox"/> NPLATE (romiplostim)	<input type="checkbox"/> _____
<input type="checkbox"/> TARCEVA (erlotinib)	<input type="checkbox"/> OPDIVO (nivolumab)	<input type="checkbox"/> _____
<input type="checkbox"/> TASIGNA (nilotinib)	<input type="checkbox"/> PERJETA (pertuzumab)	<input type="checkbox"/> _____
<input type="checkbox"/> TEMODAR (temozolomide)	<input type="checkbox"/> RITUXAN (rituximab)	<input type="checkbox"/> _____
<input type="checkbox"/> TYKERB (lapatinib)	<input type="checkbox"/> SOLIRIS (eculizumab)	<input type="checkbox"/> _____
<input type="checkbox"/> VOLTRIENT (pazopanib)	<input type="checkbox"/> TECENTRIQ (atezolizumab)	<input type="checkbox"/> _____
<input type="checkbox"/> XELODA (capecitabine)	<input type="checkbox"/> VELCADE (bortezomib)	<input type="checkbox"/> _____
<input type="checkbox"/> ZELBORAF (vemurafenib)	<input type="checkbox"/> VIDAZA (azacitidine)	<input type="checkbox"/> _____
<input type="checkbox"/> ZOLINZA (vorinostat)	<input type="checkbox"/> YERVOY (ipilimumab)	<input type="checkbox"/> _____
<input type="checkbox"/> ZYDELIG (idelalisib)		
<input type="checkbox"/> ZYTIGA (abiraterone)		

##### DIRECTIONS:

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTICE:** This facsimile is intended to be delivered only to the named addressee 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 addressee, the recipient should immediately notify the center at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitter material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.

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