RICHMOND PHARMACY
Specialty Script

PHONE: 718-818-2178 • FAX: 718-818-2179

355 Bard Ave • Staten Island, NY 10310 • www.RichmondSpecialty.com

Date: ____/____/____ Needs by Date: ____________

Language: ____________ ☐ Nursing Instruction Required

Ship to: ☐ Patient ☐ MD Office

TRANSPLANT 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

Diagnosis:

Hean (V42.1) Liver (V42.7) Pancreas (V42.83)

Kidney(V41.O) Bone Marrow (42.81) Intestines (V42.84)

Lung (V42.6) Peripheral Siem Cells (42.82) • Date of Diagnosis: ____________

Other specified organ or tissue (42.89): ____________

Additional Information:

• Date of Transplant: ______ • Date of Discharge: ______ • Est. Discharge Time: ______

• Was there a prior transplant failure of the same organ? ☐ Yes ☐ No

• Does patient have Medicare Part A coverage at time of transplant? ☐ Yes ☐ No

• Will patient be enrolled in Medicare Part B coverage at time of discharge? ☐ Yes ☐ No

PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	MAX. DAILY DOSAGE	SIG	QTY.	REFILLS
☐ **Cellcept**®	☐ 200mg/ml ☐ 250mg ☐ 500mg				
☐ **Genraf** ® (Cyclosporine)	☐ 25mg ☐ 100mg				
☐ **Hecoria**	☐ 0.5mg ☐ 1mg ☐ 5mg				
☐ **Myfortic** ® (Mycophenolic Acid)	☐ 180mg ☐ 360mg				
☐ **Neoral** ®	☐ 25mg ☐ 100mg ☐ 100mg/ml				
☐ **Prograf**®	☐ 0.5mg ☐ 1mg ☐ 5mg				
☐ **Rapamune** ® (Sirolimus)	☐ 0.5mg ☐ 1mg ☐ 2mg ☐ 1mg/ml				
☐ **Valcyte**™ (Valganciclovir)	☐ 450mg ☐ 50mg/ml				
☐ **VFend**	☐ 50mg ☐ 200mg ☐ 40mg/ml				
☐ **Zortress**	☐ 0.25mg ☐ 0.5mg ☐ 0.75mg				

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.

For additional information please visit our website **www.RichmondSpecialty.com**

ePrescribe to our pharmacy "Richmond Pharmacy Specialty" • **(718) 818-2178**