RICHMOND PHARMACY
Specialty Script

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

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

Date: ____/____/____ Needs by Date: _____

Language: _____ ☐ Nursing Instruction Required

Ship to: ☐ Patient ☐ MD Office

UROLOGY 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: _____ ICD-10: _____ Serum Creatinine: _____

Renal Dysfunction: ☐ Yes ☐ No Liver Dysfunction: ☐ Yes ☐ No H/H (Hemoglobin/Hematocrit): _____ _____

PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	SIG	QTY.	REFILLS
☐ **Eligard***				
☐ **Casodex***				
☐ **Firmagon**	☐ Initial, 240 mg subQ, given as 2 injections of 120 mg each ☐ Maintenance, 80 mg subQ every 28 days			Delivery to: ☐ MD ☐ Patient
☐ **Lupron***				
☐ **Nilandron***	☐ 150 mg	☐ 2 daily for 30 days ☐ 1 daily for 30 days		
☐ **Trelstar**	☐ 3.75 mg IM every 4 weeks ☐ 11.25 mg IM every 12 weeks ☐ 22.5 mg IM every 24 weeks			Delivery to: ☐ MD ☐ Patient
☐ **Xgeva***				
☐ **Zoladex***	☐ 250 mg	☐ Take 4 tablets daily without food		
☐ **Zytiga***	☐ 5mg	☐ 5mg BID with food ☐ Other:		
☐ **With Prednisone**				

Physician Signature: _____ Date: _____

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

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