

Date: _____	Oncology Oral Referral Form
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PATIENT INFORMATION:	PRESCRIBER INFORMATION:
Patient Name: _____ Address: _____ City, State, Zip: _____ Cell Phone: _____ Home Phone: _____ Language: _____ Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Caregiver & Number: _____	Prescriber Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ DEA: _____ NPI: _____ Office Contact: _____

INSURANCE INFORMATION
Attach a copy of the Front and Back of the Insurance and Prescription Card. Prior Authorization Reference Number: _____

CLINICAL INFORMATION	
ICD-10 code: _____ Date of Diagnosis: _____ Other Conditions: _____ Weight (lb): _____ Height (cm) _____	Therapy <input type="checkbox"/> New <input type="checkbox"/> Reauth <input type="checkbox"/> Restart Prior Therapy: _____ Cancer Stage: <input type="checkbox"/> Stage 0 <input type="checkbox"/> Stage I <input type="checkbox"/> Stage II <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV <input type="checkbox"/> Other _____ CrCl: _____ Hgt/Hct: _____ LFT: _____ Stopping Meds: _____ Concomitant Medications: _____ Allergies: _____

Medication	Strength	Directions	Quantity	Refills	Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Afinitor	<input type="checkbox"/> 2.5 <input type="checkbox"/> 5 <input type="checkbox"/> 7.5 <input type="checkbox"/> 10				<input type="checkbox"/> Nexavar	200mg			
<input type="checkbox"/> Alecensa	150mg				<input type="checkbox"/> Ninlaro	<input type="checkbox"/> 2.3mg <input type="checkbox"/> 3mg <input type="checkbox"/> 4mg			
<input type="checkbox"/> Arimidex	1mg				<input type="checkbox"/> Noxafil	100mg			
<input type="checkbox"/> Aromasin	25mg				<input type="checkbox"/> Nolvadex	<input type="checkbox"/> 10mg <input type="checkbox"/> 20mg			
<input type="checkbox"/> Bosulif	<input type="checkbox"/> 100 <input type="checkbox"/> 400 <input type="checkbox"/> 500mg				<input type="checkbox"/> Odomzo	200mg			
<input type="checkbox"/> Braftovi	<input type="checkbox"/> 50mg <input type="checkbox"/> 75mg				<input type="checkbox"/> Rubraca	<input type="checkbox"/> 200 <input type="checkbox"/> 250 <input type="checkbox"/> 300mg			
<input type="checkbox"/> Calquence	100mg				<input type="checkbox"/> Rydapt	25mg			
<input type="checkbox"/> Cabometyx	<input type="checkbox"/> 20 <input type="checkbox"/> 40 <input type="checkbox"/> 60mg				<input type="checkbox"/> Sprycel	<input type="checkbox"/> 20 <input type="checkbox"/> 50 <input type="checkbox"/> 70mg <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 140mg			
<input type="checkbox"/> Cometriq	<input type="checkbox"/> 60 <input type="checkbox"/> 100 <input type="checkbox"/> 140mg				<input type="checkbox"/> Stivarga	40mg			
<input type="checkbox"/> Erivedge	150mg				<input type="checkbox"/> Sutent	<input type="checkbox"/> 12.5 <input type="checkbox"/> 25 <input type="checkbox"/> 37.5 <input type="checkbox"/> 50			
<input type="checkbox"/> Erleada	60mg				<input type="checkbox"/> Tafinlar	<input type="checkbox"/> 50mg <input type="checkbox"/> 75mg			
<input type="checkbox"/> Exjade	<input type="checkbox"/> 125 <input type="checkbox"/> 250 <input type="checkbox"/> 250mg				<input type="checkbox"/> Tagrisso	<input type="checkbox"/> 40mg <input type="checkbox"/> 80mg			
<input type="checkbox"/> Farydak	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20mg				<input type="checkbox"/> Tarceva	<input type="checkbox"/> 25 <input type="checkbox"/> 100 <input type="checkbox"/> 150mg			
<input type="checkbox"/> Femara	2.5mg				<input type="checkbox"/> Tassigna	<input type="checkbox"/> 50 <input type="checkbox"/> 150 <input type="checkbox"/> 200mg			
<input type="checkbox"/> Gleevec	<input type="checkbox"/> 100mg <input type="checkbox"/> 400mg				<input type="checkbox"/> Temodar	<input type="checkbox"/> 5 <input type="checkbox"/> 20 <input type="checkbox"/> 100 <input type="checkbox"/> 140 <input type="checkbox"/> 180 <input type="checkbox"/> 250mg			
<input type="checkbox"/> Hycamtin	<input type="checkbox"/> 0.25mg <input type="checkbox"/> 1mg				<input type="checkbox"/> Tykerb	250mg			
<input type="checkbox"/> Inlyta	<input type="checkbox"/> 1mg <input type="checkbox"/> 5mg				<input type="checkbox"/> Votrient	200mg			
<input type="checkbox"/> Iressa	250mg				<input type="checkbox"/> Xeloda	<input type="checkbox"/> 150mg <input type="checkbox"/> 500mg			
<input type="checkbox"/> Jadenu	<input type="checkbox"/> 90 <input type="checkbox"/> 180 <input type="checkbox"/> 360mg				<input type="checkbox"/> Xtandi	40mg			
<input type="checkbox"/> Kisqali	200mg				<input type="checkbox"/> Zydelig	<input type="checkbox"/> 100mg <input type="checkbox"/> 150mg			
<input type="checkbox"/> Mekinist	<input type="checkbox"/> 0.5mg <input type="checkbox"/> 2mg				<input type="checkbox"/> Zytiga	<input type="checkbox"/> 250mg <input type="checkbox"/> 500mg			
<input type="checkbox"/> Mektovi	15mg				<input type="checkbox"/>				
<input type="checkbox"/> Nerlynx	40mg				<input type="checkbox"/>				

Supportive Agents: <input type="checkbox"/> Aloxi <input type="checkbox"/> Akynzeo <input type="checkbox"/> Aranesp <input type="checkbox"/> Arixtra <input type="checkbox"/> Compro <input type="checkbox"/> Emend <input type="checkbox"/> Granisetron <input type="checkbox"/> Lovenox <input type="checkbox"/> Neulasta <input type="checkbox"/> Neupogen <input type="checkbox"/> Nplate <input type="checkbox"/> Procrit <input type="checkbox"/> Promacta <input type="checkbox"/> Sancuso <input type="checkbox"/> Ondansetron <input type="checkbox"/> Xgeva <input type="checkbox"/> Zarxio <input type="checkbox"/> Zofran <input type="checkbox"/> Other: _____
Directions: _____ Qty: _____ Refill: _____

PRESCRIBER SIGNATURE: _____	DATE: _____
<input type="checkbox"/> Product substitution permitted <input type="checkbox"/> Dispense as written *Stamp signature not allowed, physician signature required* <input type="checkbox"/> Verbal Readback <input type="checkbox"/> Yes <input type="checkbox"/> No	