

For assistance, contact your pharmacy representative: _____ Phone: _____ (For providers only)

PLEASE CONSIDER SENDING YOUR PRESCRIPTION ELECTRONICALLY. ALL OF OUR PHARMACY LOCATIONS ACCEPT ELECTRONIC PRESCRIPTIONS.

Note: This form is not a prescription. Please submit prescriptions electronically or via fax along with this form.



Clinical Data by Cancer Type

Pharmacy: _____
Pharmacy Fax: _____ Pharmacy Phone: _____
List of medications ordered (this form is not a prescription): _____
Date Needed By: _____

PATIENT INFORMATION

Patient name: _____ DOB: _____ Male Female
Address: _____
City: _____ State: _____ Zip code: _____
Phone # (Daytime): _____ Phone # (Evening): _____
Insurance provider (Please include copy of front and back of card): _____
ID #: _____ Policy/Group #: _____ Phone #: _____ Patient is eligible for Medicare
Name of Insured: _____ Employer: _____

CLINICAL ASSESSMENT - Please complete ALL sections to avoid delays in filling prescription

ICD-10 code: _____ ICD-10 description: _____
Patient is new to therapy Patient is currently on therapy Start date: _____
Treatment history (or attach clinical notes reflecting history):
Please indicate the documents(s) attached:
Failed therapies Recent laboratory results Recent pathology report Recent office notes Copy of front and back of insurance card
Weight: _____ lb kg Date: _____ Height: _____ in cm Date: _____ BSA: _____ m2
Allergies: _____

CANCER TYPES

Acute Lymphoblastic Leukemia (ALL):

Philadelphia chromosome status Positive Negative N/A

Acute Myeloid Leukemia (AML):

FLT3 mutation Positive Negative N/A

IDH2 mutation Positive Negative N/A

Breast & Ovarian Cancer:

BRCA mutation Positive Negative N/A

PIK3CA mutation Positive Negative N/A

Estrogen Receptor status Positive Negative N/A

HER2 status Positive Negative N/A

Progesterone Receptor status Positive Negative N/A

Is patient postmenopausal? Yes No

Chronic Lymphocytic Leukemia (CLL):

17p deletion Positive Negative N/A

Chronic Myeloid Leukemia (CML):

Philadelphia chromosome status Positive Negative N/A

Colorectal Cancer:

KRAS Wild Type Positive Negative N/A

Lung Cancer:

ALK gene rearrangement Positive Negative N/A

BRAF mutation, V600E Positive Negative N/A

EGFR, exon 19 deletion Positive Negative N/A

EGFR, exon 21 substitution Positive Negative N/A

EGFR, T790M mutation Positive Negative N/A

MET exon 14 skipping Positive Negative N/A

ROS1 gene alteration Positive Negative N/A

Melanoma:

BRAF mutation, V600E Positive Negative N/A

BRAF mutation, V600K Positive Negative N/A

Surgery date: _____

Myelodysplastic Syndrome (MDS) / Myeloproliferative diseases or Neoplasms:

Deletion 5q Positive Negative N/A

JAK2 status Positive Negative N/A

PDGF Receptor Gene status Positive Negative N/A

Other:

D816V c-Kit Positive Negative N/A

FIP1L1-PDGF receptor alpha fusion kinase Positive Negative N/A

Kit (CD117) Positive Negative N/A

NTRK Gene Fusion Positive Negative N/A

PRESCRIBER INFORMATION

Prescriber's name: _____ Practice/facility: _____
Address: _____ City: _____ State: _____ Zip code: _____
Office contact: _____ Phone: _____ Fax: _____
Email (optional): _____ Best time to call: _____ Preferred method of contact: Email Phone Fax
I certify that the above information is accurate to the best of my knowledge.

Prescriber or Authorized Healthcare Provider Signature Required: _____ Date: _____

The document(s) accompanying this transmission may contain confidential health information that is legally protected. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted or required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.