

**LD Oncology
referral form**



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PATIENT INFORMATION			PRESCRIBER INFORMATION	
Patient Name:	Female	Male	Prescriber Name:	
Address:			Address:	
City, State, Zip:			City, State, Zip:	
Phone:			Phone:	
Date of Birth:			Fax:	
Insurance:			DEA/NPI#:	

CLINICAL INFORMATION - Please fax all pertinent clinical and lab information

ICD - 10 / Diagnosis:	Tried and failed medications:
Current Medications:	Allergies:

This form is not a prescription. Please send to the pharmacy an e-prescription or fax a hard copy, followed with chart notes and any labs pertaining to the prescription and we will expedite the PA for the patient.

PRESCRIPTION INFORMATION

Medication	Form	Directions	Quantity	Refills
AVASTIN	Vials		[] 100 mg/ 4ml [] 400 mg/ 4ml	
SOMATULINE® DEPOT- lanreotide inj	Syringe		[] 60 mg/ 0.2ml [] 90 mg/ 0.3ml [] 120mg/ 0.5ml	
KYPROLIS®	Vials		[] 10 mg [] 30 mg [] 60 mg	
XTANDI®	Capsule		[] 160 mg	
HERCEPTIN Hylecta	Vials		[] 600 mg/ 5 ml	
HERCEPTIN	Vials		[] 150 mg [] 440 mg [] 150 mg 1 x 10	
GAZYVA®	Vials		[] 1, 000 mg/ 40 ml	
TECENTRIQ®	Vials		[] 840 mg/ 14 ml [] 1200 mg/ 20 ml	
RITUXAN HYCELA	Vials		[] 1400 mg/ 23400	
RITUXAN HYCELA	Vials		[] 1600 mg/ 23400	
RITUXAN	Vials		[] 10 mg/ ml 10 ml x 10	
RITUXAN	Vials		[] 100 mg - 10 m mg/ ml 10 ml x 10 ml	
RITUXAN	Vials		[] 500 mg - 10m mg/ ml 10 ml x 50 ml	
PERJETA	Vials		[] 420 mg/ 14 ml	

PRESCRIBER SIGNATURE AND DATE- Please sign and date

Dispense as Writer _____ Date _____ Substitution Permissible _____ Date _____

Check here to authorize MedBox and its representatives to act as an agent to initiate and execute the insurance prior authorization process and receive forms on the prescriber's behalf, "I certify that the above therapy is medically necessary and the above information is accurate to the best of my knowledge.

Important Notice: This form and its contents may contain private and confidential information that is intended for the individual or entity to which it is addressed. This transmission may contain information that is exempt from disclosure under laws including but not limited to the Health Insurance Portability and Accountability Act (HIPAA). Unless explicitly stated, you are strictly prohibited from disseminating, copying or distributing any material contained within. Violators will be prosecuted to the fullest extent of the law. If you received this communication in error, please notify us immediately and destroy this form and its contents.