



Phone: (844) 431 – 7277 Fax: (844) 432 - 7277 Neurology
For pharmacy locations, please scan QR code.

## Specialty Pharmacy Services Enrollment Form

New York Prescribers, please submit an electronic prescription together with the Enrollment Form

PATIENT INFORMATION	V													
Patient's Name:	ient's Name: Last 4 Digi			DOB: /	/	Sex:	M F	Weight:		Height:		Diabetic:	Υ	N
Address:	City:			State:		Zip:		Allergies:			ICD-10	:		
Home Phone:	Work Or Cell:			HIPAA Contac	ct:		I	Emergency #:		I	nterprete	r Needed?	Υ	N
PRESCRIBER INFORMAT	TION													
Prescriber Name:								MD	DO NP	PA	NPI:			
Supervising Physician, if applicable:														
Address:				Cit	y:									
State: Zip:	Phone:	× 0= ==					Fax	::						
INSURANCE INFORMATION   PLEASE SEND COPY OF INS										l				
Primary Insurance:			Policy ID:							Group #:				
Policyholder Name: INJECTION TRAINING			Policyholder DOB:							BIN:		PC	N:	
Patient received injection training			Prescriber's office to provide injection technique							Pharmacy to coordinate with the patient				
PRESCRIPTION INFORM		Prescriber's Office	to provide inje	ction te	crinique			FI	iai iiiacy to	COORTIN	ate with the	Jauen	·	
													Τ.	D - CII -
Medication	Dose/Strength					S	ig					Quantity	1	Refills
Aubagio	7 mg 14 mg													
Austedo	9 mg													
	12 mg													
Avonex	9 mg													
	12 mg													
Betaseron	0.3 mg													
Botox	50 units													
	100 units													
Copaxone	20 mg/mL													
	40 mg/mL													
Dalfampridine	10 mg												-	
Dimethyl Fumarate	120 mg 240 mg													
Elaprase	2 mg/mL													
<b>p</b> . 222	20 mg/mL													
Glatopa	40 mg/mL													
Gilenya	0.25 mg													
	0.5 mg													
Rebif	22 mcg/0.5mL													
	44 mcg/0.5mL													
Tetrabenazine														
	12.5 mg 25 mg													
	-													
Zeposia	7-Day Starter Pack													
Other:													_	
Other:														
By signing this form and utilizing our	services, you are authorizing Pri						ted agent ir	n dealing with m	nedical and p	prescriptio		ice companie	S.	
Prescriber Signature: Substitution Permitted:		Date	2:	Prescribe Issued: [		ure: as Writte	n				Date:			
	Interchange is	mandated un	less the practitioner indicate					dance with the lav	٧.					