Zarina Pharmacy
SPECIALTY & INFUSION

# Kidney and Liver Transplant

Fax: 832-886-4298 Phone: 832-886-4296 zarinapharmacy.com

Need By Date: _____ Ship To: ☐ Patient ☐ Office ☐ Other _____ Fax Copy: ☐ Rx Card Front/Back ☐ Clinical Notes ☐ Medical Card Front/Back

## Patient Information

| | |
|---|---|
| Patient Name | |
| Address | |
| City State ZIP | |
| Main Phone | Alternate Phone |
| Social Security # | |
| Date of Birth | ☐ Female ☐ Male |

## Prescriber Information

| | | |
|---|---|---|
| Prescriber Name | | |
| Address | | |
| City State ZIP | | |
| Phone | Fax | |
| Contact Person | | |
| DEA # | NPI # | License # |

## Clinical Information

| | | | |
|---|---|---|---|
| Diagnosis: ☐ Z94.0 Kidney Transplant ☐ Z94.83 Pancreas Transplant ☐ Z94.4 Liver Transplant ☐ Z94.82 Intestine Transplant | | Date of Transplant | Print Labels in: ☐ English ☐ Spanish |
| Allergies: ☐ NKDA ☐ Other: _____ | Weight ☐ kg ☐ lbs | Height ☐ ft ☐ in | Status: ☐ New ☐ Restart ☐ Continuing |

| Medication | Directions for Use | DNS | Qty | Refills |
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| ☐,M.D.– DEA#, LIC# | ☐,M.D.– DEA#, LIC# | ☐,M.D.– DEA#, LIC# |
| ☐,M.D.– DEA#, LIC# | ☐,M.D.– DEA#, LIC# | ☐,M.D.– DEA#, LIC# |
| Contact Person ☐ | ☐ | ☐ |

By signing this form, you are authorizing BioPlus Specialty Pharmacy and its employees to serve as your designated agent in submitting clinical and other required information to third party payers with respect to this prescription and any refills or continuation of the same medication and dose for this patient. IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged property, or exempt from disclosure under applicable law. If you are not the named addressee you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.

**Prescriber's Signature** (no stamps) **Substitution Permitted** _____ **Date** _____

**Prescriber's Signature** (no stamps) **Dispense As Written** _____ **Date** _____