NOBLE
HEALTH SERVICES

ASTHMA & ALLERGY E-SCRIBE and FAX ENROLLMENT FORM

☐ **NOBLE NORTHEAST:** E-Scribe: **NOBLE** | Fax: **888-842-3977** | Tel: 888-843-2040
☐ **NOBLE CAROLINAS:** E-Scribe: **NOBLE** | Fax: **888-842-3977** | Tel: 888-743-3204
☐ **NOBLE SOUTHEAST:** E-Scribe: **NOBLEMS/TRANSCRIPT** | Fax: **601-420-4040** | Tel: 866-420-4041

Delivery Needed By:_____ Deliver to: ☐ Patient's Home ☐ Physician's Office ☐ Other: _____

PATIENT INFORMATION

Patient Name: _____ Male: ☐
Address: _____ Female: ☐
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Last 4 of SSN: _____ DOB: _____
Translator: Yes ☐ No ☐ Language: _____
Patient interested in: Support Programs ☐ Ancillary Supplies ☐

PRESCRIBER INFORMATION

Prescriber: _____
Office Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
DEA/NPI #: _____
Signature: _____ Date: _____

INSURANCE INFORMATION - PLEASE FAX A COPY OF FRONT & BACK OF PRESCRIPTION CARD

CLINICAL INFORMATION

Diagnosis: _____ ICD-10 Code: _____
Has the patient been treated previously for this condition: Yes ☐ No ☐ Height:_____ ft _____in Weight:_____ lbs
Allergies: _____ Medications On: _____
Other Notes: _____ Medications Failed: _____

MEDICATION INFORMATION

☐ Cinqair® ☐ Dupixent® ☐ Fasenra® (Syringe only) ☐ Nucala® ☐ Firazyr® ☐ Xolair® ☐ Other: _____

Dosage/Strength:	Route of Administration:	Directions:	Quantity:	Refills:	Dispense as Written:
	☐ Pen ☐ Starter Kit ☐ Syringe ☐ Tablet ☐ Topical ☐ Vial				