



## Urology

Delivery Need By: \_\_\_\_\_ Deliver to:  Patient's Home  Physician's Office  Other

PATIENT INFORMATION	PRESCRIBER INFORMATION
Patient Name: _____ <input type="checkbox"/> Male Address: _____ <input type="checkbox"/> Female City: _____ State: _____ Zip: _____ Phone Number: _____ Email Address: _____ Last Four of Social: _____ DOB: _____	Prescriber's Name: _____ Office Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Fax: _____ DEA/NPA #: _____

### INSURANCE - PLEASE FAX COPY OF PRESCRIPTION CARD FRONT & BACK

CLINICAL INFORMATION	
Diagnosis: _____ ICD-10 Code: _____ Height: _____ ft _____ inches Weight: _____ lbs Allergies: _____	Has the patient been treated previously for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Medications Failed: _____ Medications On: _____ Other Notes: _____

PRESCRIPTION INFORMATION				
Medication:	Dosage/Strength:	Directions:	Quantity:	Refills:
<b>Afinitor®</b>	<input type="checkbox"/> 2.5 mg tablet <input type="checkbox"/> 5 mg tablet <input type="checkbox"/> 7.5 mg tablet <input type="checkbox"/> 10 mg tablet	<input type="checkbox"/> Take once daily <input type="checkbox"/> Other	<input type="checkbox"/> 4 week supply <input type="checkbox"/> Other	
<b>Afinitor Disperz®</b>	<input type="checkbox"/> 2 mg oral solution <input type="checkbox"/> 3 mg oral solution <input type="checkbox"/> 5 mg oral solution	<input type="checkbox"/> Take once daily <input type="checkbox"/> Other	<input type="checkbox"/> 4 week supply <input type="checkbox"/> Other	
<b>Tadalafil</b>	<input type="checkbox"/> 2.5 mg <input type="checkbox"/> 5 mg <input type="checkbox"/> 10 mg <input type="checkbox"/> 20 mg			
<b>Sildenafil</b>	<input type="checkbox"/> 25 mg <input type="checkbox"/> 50 mg <input type="checkbox"/> 100 mg			
<b>Other</b>				
<input type="checkbox"/> Patient is interested in patient support programs		<input type="checkbox"/> Ancillary supplies provided for administration		

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_