

# Hereditary Angioedema Enrollment Form

www.noblehealthservices.com



## Signature Care Program

Noble Syracuse  
Phone: (888) 843-2040  
Fax: (888) 842-3977  
 Noble Mississippi  
Phone: (866) 420-4041  
Fax: (601) 420-4040

Delivery Need By:

Delivery to:  Patients Home  Physician's Office  Other

PATIENT INFORMATION		PRESCRIBER INFORMATION	
Patient Name:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Prescriber Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Date of Birth:		Fax:	
Last four of Social Security Number:		DEA/NPI#:	

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

### CLINICAL INFORMATION

Diagnosis/ ICD-10 Code:	Has the patient been treated previously for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No
Height: _____ feet _____ inches      Weight: _____ lbs.	Medications failed:
Allergies:	Medications on:
Other notes:	

### PRESCRIPTION INFORMATION

Medication:	Dosage/Strength:	Directions:	Quantity:	Refills:
<b>Firazyr®</b>	<input type="checkbox"/> 30 mg/3 ml Syringe	<input type="checkbox"/> Administer 30mg (contents of one syringe) via subcutaneous injection in the abdominal area over at least 30 seconds for an acute attack of Hereditary Angioedema. If the response is inadequate or symptoms recur, additional injections of 30 mg may be administered at 6 hour intervals with a maximum of 3 doses in 24 hours.	<input type="checkbox"/> 30 mg doses.  Keep at least three 30 mg doses on hands at all times (Unless noted, _____ doses)	
<b>Other:</b>				
<input type="checkbox"/> Patient is interested in patient support programs		<input type="checkbox"/> Ancillary supplies provided for administration		

Office Contact Name: \_\_\_\_\_ Preferred Phone Number & Extension: \_\_\_\_\_

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

**E-Scribe Rx and Fax this Form**

**Important Notice:** This communication contains information that is confidential and protected from disclosure. If the reader of this message is not the intended recipient, employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please reply to the sender that you have received the message in error and destroy this copy.