



Phone: 417-719-4510
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specialty.alpspharmacy.com

Rheumatology (L-Z)

PATIENT INFORMATION and PRESCRIBER INFORMATION sections with fields for name, address, phone, and insurance details.

INSURANCE INFORMATION
Please fax a copy of patients' insurance cards (prescription and medical, FRONT and BACK) including any secondary insurance.

CLINICAL INFORMATION [Please fax all pertinent clinical and lab information and/or attach separate sheet if needed.]
Includes diagnosis checkboxes, date of diagnosis, TB test, HBV status, concomitant medications, and a table for prior therapy.

PRESCRIPTION INFORMATION table with columns: Medication, Directions, Quantity, Refills. Lists medications like Orencia, Otezla, Simponi, Stelara, and Xeljanz.

INJECTION TRAINING
To Be Administered by Pharmacist, Pharmacist to Provide Training, Patient Trained in MD Office, Manufacturer Nurse Support

PRESCRIPTION DELIVERY
Patient's Home, Physician's Office, Patient Will Pick Up in Pharmacy, Date Issued, Needs by Date

PRESCRIBER AUTHORIZATION
I authorize Alps Pharmacy, including its representatives and subcontractors, to act as my agent to initiate and execute the insurance prior authorization, patient assistance, and nursing programs.

CONFIDENTIALITY NOTICE

The information contained in this form is intended only for the use of individual or entity named. It contains confidential information, legally privileged, that may be protected health information under federal and state laws.