Sterling SPECIALTY PHARMACY

Specialty Care Program
888.618.4126 • Fax: 866.588.0371
www.sterlingspecialtyrx.com

Note: Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy. Prescribers are reminded patients may choose any pharmacy of their choice.

Date Medication Needed: _____ **Ship to:** ☐Patient's Home ☐Prescriber's Office ☐Pharmacy to Coordinate

1 Patient Information

Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical).

Patient Name: _____ Birthdate: _____ Sex: ☐Male ☐Female Height: _____ Weight: _____ ☐lbs. ☐kg.

Primary Phone: _____ Secondary Phone: _____ Allergies: _____

Address: _____ City: _____ State: _____ Zip: _____

Patient Email: _____ Caregiver Name: _____

2 Prescriber Information

Provider Name: _____ DEA#: _____ NPI#: _____

Address: _____ Phone: _____ Fax: _____

City, State, Zip: _____ Key Contact: _____

3 Diagnosis/Clinical Information

Please FAX Clinical Notes, Labs & Tests with the prescription to expedite Prior Authorization.

Date of Diagnosis: _____ ICD-10: _____ Other: _____

☐Acute ☐Chronic Contraindications: ☐No ☐Yes _____

Diagnosis Procedure(s) or Laboratory Test(s):

Test/Procedure:	Date Performed:	Results:

Injection Training: ☐ Pharmacist to Provide ☐Patient Trained in MD Office ☐ Manufacturer Nurse Support

If Prior Authorization is Denied: ☐Automatically Draft Appeal for Review ☐Send Preferred Formulary Alternatives

Prior Failed Treatments:	Indicate Drug Name & Length of Treatment:

4 Prescription Information

Please be sure to choose both induction and maintenance dose where applicable.

Patient Name: _____ Patient's Date of Birth: _____

Medication	Dose/Strength	Direction	Qty.	Refills
☐				
☐				
☐				
☐				
☐				

Prescriber Signature: Prescriber, please sign and date below:

Dispense as written: Date: Substitution Permissable: Date:

I authorize Sterling Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance Prior Authorization process, nursing services and patient assistance programs.

# of Prescriptions: _____