curexa Specialty Rx Services

# General

toll free phone. 855.927.0390
toll free fax. 855.927.0392

## Patient Information

| | | | |
|---|---|---|---|
| Patient Name: | Date of Birth: | ☐ Male ☐ Female | |
| Address: | City: | State: | Zip: |
| Phone Number: | Alternate Phone Number: | Language: | |
| Social Security Number: | E-Mail: | | |
| Allergies: | | ☐ NKDA | |
| ☐ Pick Up / Ship to: ☐ Patient ☐ Office ☐ Alternative Address: | | | |

*Insurance: Please fax copy of insurance card (front and back)*

## Prescriber Information

| | | | |
|---|---|---|---|
| Practice Name: | Office Contact: | | |
| Prescriber: | NPI: | DEA: | |
| Practice Address: | City: | State: | Zip: |
| Phone Number: | Fax Number: | | |

## Clinical Information

Diagnosis/ICD-10:

Prior Failed Medications:

## Prescription Information

| Medication | Dose | Directions | Quantity | Refills |
|---|---|---|---|---|
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☐ _____ (#) RN Skilled Nursing Visit(s) Needed by Preferred Home Health Care & Nursing Services, Inc.

## Prescriber Signature and Date (Please sign and date below)

_____ _____

Substitution Permissible Date Dispense as Written Date

☐ Check here to authorize Curexa™ and its representatives to act as an agent to initiate and execute the insurance prior authorization process and receive forms on the prescriber's behalf. "I certify that the above therapy is medically necessary and the above information is accurate to the best of my knowledge"

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