curexa Specialty Rx Services

Santyl® Home Health Referral

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:			

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

Prescriber Information

Practice Name:			
Office Contact:			
Practice Address:	City:	State:	Zip:
Phone Number:	Fax Number:		

Home Health Referral Information

Referring Agency:	Referring Provider/Nurse:	
Referring Agency Address:	Referring Agency Phone Number:	
Referring Agency City:	Referring Agency Fax:	
Referring Agency State:	Referring Agency Zip:	Referring Agency Notes:

Clinical Information

Diagnosis code:	Is this a burn patient? ☐ Yes ☐ No
Comments/Notes:	

Wound Care Plan	Wound Location	Prescriber
☐ Wound 1 _____ cm x _____ cm		☐ _____ NPI: _____
☐ Wound 2 _____ cm x _____ cm		☐ _____ NPI: _____
☐ Wound 3 _____ cm x _____ cm		☐ _____ NPI: _____
☐ Wound 4 _____ cm x _____ cm		☐ _____ NPI: _____
☐ Wound 5 _____ cm x _____ cm		☐ _____ NPI: _____
☐ Wound 6 _____ cm x _____ cm		☐ _____ NPI: _____
☐ Other:		☐ _____ NPI: _____

Prescription Information

Medication	Dose	Directions	Quantity	Refills
☐ Collagenase Santyl® Ointment	250 units/g	Apply a nickel thick layer to wound once daily (or more frequently as the dressing becomes soiled	☐ 7 day supply ☐ 14 day supply ☐ 30 day supply ☐ Other:	

Prescriber Signature and Date (Please sign and date below)

_____ _____

Substitution Permissible Date Dispense as Written Date

"I 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"