



StMatthewsRx.com

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Rheumatology

A-K

3922B Willis Ave.
Louisville, KY 40207

Need By Date: / /

SHIP TO: Office

Other

PATIENT INFO

PROVIDER INFO

Name: Address: City: State: Zip: Phone: Alt. Phone: Social Security#: DOB: NPI: DEA: Height: Weight: License #: Alternate Contact: Phone: Contact Person: Sp#

INSURANCE: PLEASE FAX COPY OF PRESCRIPTION CARD & MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: M06.9 Rheumatoid Arthritis L40.50 Psoriatic Arthritis M45.9 Ankylosing Spondylitis M08.00 Juvenile Rheumatoid Arthritis H20.0 Iridocyclitis (Uveitis)
Patient Allergies:
TB/PPD Test given? Yes No Test Date: Test Results:
Methotrexate Length of Treatment: Reason for Discontinuing:
Additional information:

PRESCRIPTION INFORMATION

QUANTITY REFILLS

Table with columns for medication name, dosage/form, and quantity/refills. Includes rows for Actemra, Acthar Gel, Cosentyx, Cimzia, Enbrel, Humira Citrate Free, Humira, and Kevzara.

Prescriber Signature: Dispense as Written (DAW) Today's Date:
I authorize the pharmacy to act as an agent to obtain prior authorization for prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.
If PA denied: Contact office for appropriate step therapy Draft appeal automatically for review

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