

Dermatology Referral Form

Surescripts ID #:
CPR10785350213549930
Office: 1-888-292-0744
Fax Referral #:
1-800-269-5493

Referral Info

PATIENT INFORMATION

Patients Name:		SSN#:		DOB:	
Address:		City:		State:	
Home Phone:		Cell Phone:		Height:	
				Weight:	
Email Address:				Gender: Male Female	
				Diagnosis Code:	

INSURANCE INFORMATION (or attach copy of your cards)

Primary Insurance Co:	Phone:	Policy#:	Group#:
Secondary Insurance Co:	Phone:	Policy#:	Group#:

PRESCRIPTION INFORMATION (For IV medications attach a copy of your prescription.)

To prevent generic substitution, Prescriber to handwrite "Brand Medically Necessary" and sign:

MEDICATIONS		PRIMARY DIAGNOSIS	
<input type="checkbox"/> CIMZIA [®]	<input type="checkbox"/> INDUCTION <input type="checkbox"/> MAINTENANCE	<input type="checkbox"/> Moderate to Severe Plaque Psoriasis	<input type="checkbox"/> Psoriatic Arthritis
<input type="checkbox"/> COSENTYX [®]	<input type="checkbox"/> INDUCTION <input type="checkbox"/> BRIDGE* <input type="checkbox"/> MAINTENANCE	<input type="checkbox"/> Hidradentis Suppurativa	<input type="checkbox"/> Atopic Dermatitis
<input type="checkbox"/> DUPIXENT	<input type="checkbox"/> INDUCTION <input type="checkbox"/> MAINTENANCE	<input type="checkbox"/> Other: _____ Date of Diagnosis: _____	
<input type="checkbox"/> ENBREL [®]	<input type="checkbox"/> INDUCTION <input type="checkbox"/> MAINTENANCE	***Please use this section for additional directions or other medications not listed.***	
<input type="checkbox"/> HUMIRA [®] CITRATE-FREE	<input type="checkbox"/> STARTER PACK <input type="checkbox"/> MAINTENANCE	<input type="checkbox"/> OTHER	
<input type="checkbox"/> HUMIRA [®]	<input type="checkbox"/> STARTER PACK <input type="checkbox"/> MAINTENANCE		
<input type="checkbox"/> OTEZLA [®]	<input type="checkbox"/> TITRATION PACK <input type="checkbox"/> BRIDGE <input type="checkbox"/> MAINTENANCE		
<input type="checkbox"/> STELARA [®]	<input type="checkbox"/> INDUCTION <input type="checkbox"/> MAINTENANCE		
<input type="checkbox"/> SIMPONI [®]	<input type="checkbox"/> INDUCTION <input type="checkbox"/> MAINTENANCE		
<input type="checkbox"/> TALTZ [®]	<input type="checkbox"/> INDUCTION <input type="checkbox"/> MAINTENANCE		
<input type="checkbox"/> SILIQ [™]	<input type="checkbox"/> INDUCTION <input type="checkbox"/> MAINTENANCE		
<input type="checkbox"/> TREMFYA [™]	<input type="checkbox"/> INDUCTION <input type="checkbox"/> MAINTENANCE		
<input type="checkbox"/> ILUMYA [™]	<input type="checkbox"/> INDUCTION <input type="checkbox"/> MAINTENANCE		
*Covered Until You're Covered Program		STRENGTH:	
INDUCTION STARTER	MAINTENANCE	SIG/DIRECTIONS	
STRENGTH:	STRENGTH:	QUANTITY:	
SIG/DIRECTIONS	SIG/DIRECTIONS	REFILLS:	
<input type="checkbox"/> AUTOINJECTOR	<input type="checkbox"/> AUTOINJECTOR	Start of Therapy Date:	
<input type="checkbox"/> PEN	<input type="checkbox"/> PEN	Special Delivery Instructions:	
<input type="checkbox"/> PREFILLED SYRINGE	<input type="checkbox"/> PREFILLED SYRINGE		
<input type="checkbox"/> VIAL	<input type="checkbox"/> VIAL		
QUANTITY:	QUANTITY:		
REFILLS:	REFILLS:		

PHYSICIAN INFORMATION

Injection Training:

Office to Instruct

SP to Arrange Teaching

Prescriber Name:		Phone:		Fax:	
Office Contact/Faxed By:		Email:			
NPI#:		TAX ID#:		Ship To: <input type="checkbox"/> Patient <input type="checkbox"/> MD Office 1st Order Only <input type="checkbox"/> MD Office All Orders	
Prescriber Signature		Date:			
<input type="checkbox"/> Dispense as written					

Your signature authorizes the pharmacy to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.

This prescription is valid only if transmitted by facsimile machine by a licensed prescriber.

RxExpress 2-Day Ready 2 Ship:
Receive all the benefits of our fast and easy express service, including our NEW 2-Day Ready 2 Ship, for all eligible prescriptions.

BioPlus Specialty Pharmacy
376 Northlake Blvd., Altamonte Spings, FL 32701

RxExpress
2-Day Ready 2 Ship

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