

UROLOGY

PATIENT INFORMATION

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

INSURANCE INFORMATION (or attach copy of the cards)

Primary Insurance:	Policy Holder:	Relationship:	Policy #:	Group #:
Secondary Insurance:	Policy Holder:	Relationship:	Policy #:	Group #:

PRESCRIPTION INFORMATION (for IV medication attach a copy of the prescription)

Abiraterone (generic for Zytiga)

250 mg tablet 500 mg tablet

Directions:

Take 1,000 mg once daily PO on an empty stomach

Other: _____

Qty: Refills:

PREDNISONE Rx sent to local pharmacy

CRPC: Take 5 mg PO twice daily with food

CSPC: Take 5 mg PO once daily with food

Qty: Refills:

XTANDI® (enzalutamide)

**** If no specific formulation is indicated, the pharmacy will dispense tablets****

40 mg tablets 40 mg capsule 80 mg tablet

Directions:

160 mg (FOUR 40 mg capsules or TWO 80 mg tablets) administered PO once daily

Qty: Refills:

ERLEADA™ (apalutamide) 60 mg tablet

Directions:

Take 240 mg (FOUR 60 mg tablets) once daily

Qty: Refills:

YONSA® (abiraterone) 125 mg tablet

Directions:

Take 500 mg (FOUR 125 mg tablets) PO once daily

Qty: Refills:

METHYLPREDNISOLONE

Rx sent to local pharmacy

Take 4 mg PO twice daily with food

Qty: Refills:

***If patient has not had a bilateral orchiectomy or currently on gonadotropin-releasing hormone (GnRH) analog therapy, prescribe below in "Other." ***

LHR Agonist

- TRELSTAR®** (triptorelin)
- ZOLADEX®** (goserelin)
- VANTAS®** (histrelin)
- ELIGARD®** (leuprolide)
- LUPRON DEPOT®** (leuprolide)

1st Generation Antiandrogens:

- NILANDRON®** (nilutamide)
- EULEXIN®** (flutamide)
- CASODEX®** (bicalutamide)

Please use this section for additional directions or other medications not listed.

OTHER

STRENGTH:

SIG/DIRECTIONS:

QUANTITY:

REFILLS:

Start of Therapy Date:

Special Delivery Instructions:

Start of Therapy Date:

Ship To:

- Patient MD Office 1st Order Only MD Office All Orders

As required by your state, Prescriber to check "Dispense as written" or handwrite "Brand Medically Necessary" and sign to prevent generic substitution.

Dispense as written

PHYSICIAN INFORMATION

Injection Training: Office to Instruct SP to Arrange Teaching

Prescriber Name:	Phone:	Fax:	
Office Contact:	Email:		
Address:	City:	State:	ZIP:
NPI #:	Tax ID#:		
Prescriber Signature:	Date:		