



A Carelon Company

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Fax: 800-269-5493

Phone: 833-ONC-EASY (662-3279)

bioplusrx.com

PEDIATRIC ONCOLOGY

PATIENT INFORMATION

Name: SSN: DOB: Address: City: State: ZIP: Home Phone: Cell: Email: Parent/Guardian Name: Gender: Female Male

INSURANCE INFORMATION (or attach copy of cards)

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

CLINICAL INFORMATION

Primary Diagnosis (ICD-10) Secondary Diagnosis (ICD-10) Height: Weight: Allergies:

PRESCRIPTION INFORMATION (or attach a copy of prescription)

Table with 5 columns: MEDICATION, STRENGTH, DIRECTIONS, QTY, REFILLS. Rows include AFINITOR, AFINITOR DISPERZ, EXJADE, GLEEVEC, JADENU, SPRYCEL, and Other.

Start of Therapy Date:

Ship To: Patient MD Office

\*AVAILABLE IN GENERIC

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

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