

A Carelon Company

## **Kidney and Liver Transplant**

Fax: 800-269-5493 Phone: 888-292-0744

bioplusry.com/therapy

Need By Date:	Ship To:   Patie	nt 🗆 Office 🗆 Other	Fax Copy:	☐ Rx Card Front/Back	☐ Clinical No	otes 🗆 Medica	al Card Front/E	
Patien	t Informati	on		Prescriber	Informa	ition		
tient Name			Prescriber Name					
Address			Address					
City State ZIP			City State ZIP					
fain Phone Alternate Phone		9	Phone		Fax			
cial Security #			Contact Person					
te of Birth	□ Female □	DEA#		NPI#	NPI#		License #	
	l							
		Clinical Ir	nformation					
agnosis: □ Z94.0 Kidney Transplant □ Z94.4 Liver Transplant	☐ Z94.83 Pancreas Tra☐ Z94.82 Intestine Tra	ansplant	Date of Transplant		Print Labels in: □ English □ Spanish			
ergies: □ NKDA □ Other:	Weight	□ kg □ lbs	Height	□ ft □ in	Status:  ☐ New ☐ Restart ☐ Continuing			
Medication		Directions	for Use		DNS	Qty	Refill	
□,M.D DEA#, LIC# □,M.D DEA#, LIC#		□,M.D DEA#, LIC#		□,M.D DEA#, LIC#				
Contact Person		□,M.D DEA#, LIC#		□,M.D DEA#, LIC#				
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