DELMARVA SPECIALTY PHARMACY AT WOODBROOKE

MULTIPLE SCLEROSIS REFERRAL FORM

1615 Tree Sap Court Salisbury, MD 21804
Tel 410.677.0561 Fax 410.677.0562

Today's Date

☐ NEW PATIENT ☐ CURRENT PATIENT

Patient Name First Name Middle Name Last Name DOB Weight ☐ Male ☐ Female

Street Address Apt # City State Zip

Daytime Tel Evening Tel Cell Email

Ship to Patient at ☐ Home ☐ Work **OR** Patient will pick up at ☐ Physician Office ☐ Pharmacy Date Needed

ICD-10 Diagnosis Code ☐ G35 Multiple Sclerosis **OR** Other Weight Allergies

Patient currently on therapy ☐ Yes ☐ No Date of next blood work Comments

Insured's Name Relation to Patient Eligible for Medicare ☐ Yes ☐ No If yes, Medicare#

Prescription Card ☐ Yes ☐ No If Yes, Carrier Tel Fax Policy/Group#

Bin# Pcn# RXID# RX Group#

Prescriber's Name Office Contact

Street Address Suite # City State Zip

Tel Fax Email

License# NPI# UPIN# DEA#

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

AVONEX ADMINISTRATION PACK 30mcg PreFilled

SIG ☐ Inject 30mcg IM once weekly
☐ Other

QTY # Weeks *(1 pack = 4 week supply)* Refills x

BETASERON 0.3mg Vials

SIG ☐ Inject SC every other day
☐ Other

QTY # Weeks *(1 box = 4 week supply)* Refills x

COPAXONE 20mg/2ml Syringe

SIG ☐ Inject 20mg (2ml) SC once daily
☐ Other

QTY # Syringes Refills x

REBIF TITRATION PACK 12 syringes

SIG ☐ 8.8mcg SQ TIW - weeks 1 & 2 ☐ 22mcg SQ TIW - weeks 3 & 4
Maintenance Dose following week 3 & 4

REBIF 22mcg/0.5ml

SIG ☐ 22mg (0.5ml) SQ TIW (48hrs apart)

REBIF 44mcg/0.5ml (maintenance)

SIG ☐ starting week 5: 44mcg (0.5ml) SQ TIW (48hrs apart)

QTY # Boxes *(1 box = 4 week supply)* Refills x

OTHER

SIG QTY Refills x

By signing this form and utilizing our services, you are authorizing Delmarva Specialty and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (signature required. NO STAMPS) **Date**

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Please fax completed referral form to **Delmarva Specialty Pharmacy** at **410.677.0562** Visit us at **WWW.DELMARVAPHARMACY.COM** for online fillable forms.

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