

Fax prescription to: **718-782-2626**

Faxed prescriptions can only be accepted from prescribing practitioners

Date Needed By _____ Ship to: ☐ Patient ☐ Office ☐ Other: _____

PATIENT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ SS# _____ DOB _____

☐ Male ☐ Female Height _____ Weight _____ Age _____

Allergies _____ ☐ NKDA

INSURANCE INFORMATION

Please attach front and back of all insurance and prescription drug cards

PREScriBER INFORMATION

Name _____

NPI _____ State License# _____

Group/Hospital _____

Address _____

City, State, Zip _____

Main Phone _____ Fax _____

Contact Person _____ Phone _____

CLINICAL EVALUATION

DIAGNOSIS

Primary Dx _____ ICD-10 Code _____ Date _____

Secondary Dx _____ ICD-10 Code _____ Date _____

LABS: Please attach all relevant lab reports.

PREVIOUS TREATMENTS

Medication	Date/Reason for discontinuation

MEDICAL ASSESMENT

Weight _____ Height _____ BSA% _____

Comments _____

PREScription INFORMATION

MEDICATION		DOSAGE & DIRECTIONS/AUTHORIZATION # (if applicable)	QUANTITY/DURATION	REFILLS
ORALS	INJECTABLES			
<div><input type="checkbox"/> Afinitor (everolimus)</div> <div><input type="checkbox"/> Anastrozole</div> <div><input type="checkbox"/> Bicalutamide</div> <div><input type="checkbox"/> Bosulif (bosutinib)</div> <div><input type="checkbox"/> Cytoxan (cyclophosphamide)</div> <div><input type="checkbox"/> Exemestane</div> <div><input type="checkbox"/> Gleevec (imatinib mesylate)</div> <div><input type="checkbox"/> Ibrance (palbociclib)</div> <div><input type="checkbox"/> Inlyta (axitinib)</div> <div><input type="checkbox"/> Kisqali (ribociclib)</div> <div><input type="checkbox"/> Letrozole</div> <div><input type="checkbox"/> Leukeran (chlorambucil)</div> <div><input type="checkbox"/> Lonsurf (trifluridine and tipiracil)</div> <div><input type="checkbox"/> Ninlaro (ixazomib)</div> <div><input type="checkbox"/> Sprycel (dasatinib)</div> <div><input type="checkbox"/> Sutent (sunitinib malate)</div> <div><input type="checkbox"/> Tarceva (erlotinib HCL)</div> <div><input type="checkbox"/> Targretin (bexarotene)</div> <div><input type="checkbox"/> Tassigna (nilotinib)</div> <div><input type="checkbox"/> Temodar Capsules (temozolomide)</div> <div><input type="checkbox"/> Toposar (etoposide injection, USP)</div> <div><input type="checkbox"/> Tykerb (lapatinib)</div> <div><input type="checkbox"/> Votrient (pazopanib)</div> <div><input type="checkbox"/> Xalkori (crizotinib)</div> <div><input type="checkbox"/> Xeloda (capecitabine)</div> <div><input type="checkbox"/> Zytiga (abiraterone)</div>	<div><input type="checkbox"/> Abraxane (Paclitaxel protein-bound)</div> <div><input type="checkbox"/> Adriamycin (Doxorubicin)</div> <div><input type="checkbox"/> Adrucil (fluorouracil)</div> <div><input type="checkbox"/> Alimta (pemetrexed)</div> <div><input type="checkbox"/> Avastin (bevacizumab)</div> <div><input type="checkbox"/> Blenoxane (Bleomycin)</div> <div><input type="checkbox"/> Camptosar (Irinotecan)</div> <div><input type="checkbox"/> Cisplatin (Platinol, CDDP)</div> <div><input type="checkbox"/> Darzalex (daratumumab)</div> <div><input type="checkbox"/> Eligard (Leuprolide Acetate)</div> <div><input type="checkbox"/> Eloxatin (oxaliplatin)</div> <div><input type="checkbox"/> Empliciti (elotuzumab)</div> <div><input type="checkbox"/> Erbitux (cetuximab)</div> <div><input type="checkbox"/> Faslodex (fulvestrant)</div> <div><input type="checkbox"/> Gazyva (Obinutuzumab)</div> <div><input type="checkbox"/> Gemzar (gemcitabine)</div> <div><input type="checkbox"/> Herceptin (trastuzumab)</div> <div><input type="checkbox"/> Jevtana (cabazitaxel)</div> <div><input type="checkbox"/> Kadcyla (ado-trastuzumab emtansine)</div> <div><input type="checkbox"/> Keytruda (pembrolizumab)</div> <div><input type="checkbox"/> Lupron Depot (leuprolide acetate)</div> <div><input type="checkbox"/> Marqibo (Vincristine)</div> <div><input type="checkbox"/> Opdivo (nivolumab)</div> <div><input type="checkbox"/> Paraplatin (Carboplatin)</div> <div><input type="checkbox"/> Perjeta (pertuzumab)</div> <div><input type="checkbox"/> Rituxan (rituximab)</div> <div><input type="checkbox"/> Taxol (paclitaxel)</div> <div><input type="checkbox"/> Taxotere (docetaxel)</div> <div><input type="checkbox"/> Trelstar (Triptorelin Pamoate)</div> <div><input type="checkbox"/> Velbe (Vinblastine)</div> <div><input type="checkbox"/> Velcade (bortezomib)</div> <div><input type="checkbox"/> Vidaza (Azacitidine)</div>			
<div><input type="checkbox"/> Other _____</div>				