Prastera® Pharmacy Order Form

PHYSICIAN INFORMATION

NAME: _____

DEA #: _____ **NPI#**: _____

ADDRESS: _____

CITY: _____ **STATE:**_____ **ZIP:** _____

PHONE #:_____ **FAX #:** _____

OFFICE CONTACT:_____ **PHONE #:**_____

PHYSICIAN EMAIL:_____

PRESCRIPTION INFORMATION

DRUG/DOSE	INSTRUCTIONS
Prastera® 200mg oral softgels, 30 ct kit, NDC 55607-400-10	One (1) blue prasterone softgel per day, orally

Number of Refills (check one): ☐ 5 ☐ 11 ☐ PRN

Physician Signature_____ ***Date*** _____

To ease insurance insurance claim adjudication, the patient mentioned below has the following diagnosis (check all that apply):

Systemic lupus erythematosus (ICD-9-CM code 710.0), with accompanying: __ acute nephritis/glomerulonephritis (ICD-9-CM code 580.81) __ chronic nephritis/glomerulonephritis (ICD-9-CM code 582.81) __ unspecified nephritis or nephritic syndr. (ICD-9-CM code 581.81) __ encephalitis (ICD-9-CM code 323.8) __ headache (ICD-9-CM code 784.0) __ dizziness (ICD-9-CM code 780.4) __ depression (ICD-9-CM code 311) __ seizure (780.39) __ anemia (280-285) __ leukopenia (288.50)	__ thrombocytopenia (287.4) __ Pancytopenia (anemia AND leucopenia AND thrombocytopenia) (ICD-9-CM code 284.1) __ Lung problems (e.g., pleurisy) (ICD-9-CM code 517.8) __ acute myocarditis (ICD-9-CM code 422.0) __ endocarditis (ICD-9-CM code 424.91) __ acute pericarditis (ICD-9-CM code 420.0) __ glucocorticoid deficient (ICD-9-CM code 255.41) __ Other _____ (ICD-9-CM code ____) _____ This patient may safely use ibuprofen 400 mg (If this item is not initialed, then the ibuprofen will be removed from the kit)

PATIENT INFORMATION

PLEASE INCLUDE COPY OF FRONT & BACK OF PHARMACY INSURANCE CARD

NAME: _____

ADDRESS:_____

CITY: _____**STATE:**___ **ZIP:** _____

PHONE #:_____**D o B :** _____

ANY DRUG ALLERGIES (circle one) YES NO

IF YES, LIST:_____

LAST 4 DIGITS OF SOCIAL SECURITY #:_____
(USED FOR INSURANCE VERIFICATION PURPOSES ONLY)

PHARMACY INFORMATION

FAX FORM TO: (855) FLARE-FREE / (855) 352-7337 **CUSTOMER SERVICE #: (855) 352-7337**	**e-PRESCRIBING INFORMATION** Pharmacy Name: Pharmacy Type: State: