



Today's Date: \_\_\_\_\_ Needs by Date: \_\_\_\_\_

Ship to:  Patient  Office  Other:

**Patient Information**

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home & Cell #: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

**Prescriber Information**

Prescriber Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

DEA #: \_\_\_\_\_ State Lic#: \_\_\_\_\_

NPI#: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**INSURANCE INFORMATION: Please fax front & back copy of Medical & Prescription card(s) if possible:**

**Clinical Information—Statement Of Medical Necessity**

**Diagnostic Information & Prior Treatment History**

ICD-10 code(s): \_\_\_\_\_ Diagnosis (include date): \_\_\_\_\_

ICD-10 code(s): \_\_\_\_\_ Diagnosis (include date): \_\_\_\_\_

Culture Results (include date): \_\_\_\_\_

Patient Height: \_\_\_\_\_ Patient Weight: \_\_\_\_\_

Has the patient received IV Baxdela?  Yes  No Date Received: \_\_\_\_\_

PREVIOUS MEDICATION(S)	DURATION/REASON FOR D/C (Please include dates)

**Prescription Information**

✓	MEDICATION	DOSAGE	DIRECTIONS	QTY	REFILLS
<input type="checkbox"/>	BAXDELA	450mg Tab	Take 1 tablet by mouth every 12 hours for _____ days		

09/23/2019

Prescriber Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this form & utilizing our services, you are authorizing Duncan Specialty Pharmacy & its employees to serve as your prior authorization designated agent in dealing with medical & prescription insurance companies. In the event that this pharmacy determines that it is unable to fulfill this prescription, I further authorize this pharmacy to forward this information and any related materials to another pharmacy of the patient's choice or within his/her provider network  
**IMPORTANT NOTICE:** This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error & then destroy this document immediately.