TRANSPLANT

SPECIALTY PHARMACY

Garden Grove, CA toll free 888.206.1872 toll free fax 888.206.3561

krogerspecialtypharmacy.com

DATE: _____ NEEDS BY DATE: _____ SHIP TO: ❑ PATIENT ❑ OFFICE ❑ OTHER _____

PATIENT INFO

Patient Name
Address
City, State, Zip
Main Phone Alternate Phone
Social Security #
Date of Birth ❑ Male ❑ Female

PRESCRIBER INFO

Prescriber Name
DEA # NPI # License #
Address
City, State, Zip
Phone Fax
Contact Person

PLEASE FAX COPY OF: ❑ PRESCRIPTION CARD FRONT & BACK ❑ CLINICAL NOTES ❑ MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: ❑ Z94.1 Heart Transplant ❑ Z94.2 Lung Transplant Date of Transplant _____

Height/Weight _____ Allergies _____ ❑ NKDA Print Labels in ❑ Spanish ❑ English

MEDICATION	DIRECTIONS FOR USE	QTY	DNS	REFILLS

❑ ,M.D.– DEA#, LIC#	❑ ,M.D.– DEA#, LIC#	❑ ,M.D.– DEA#, LIC#
❑ ,M.D.– DEA#, LIC#	❑ ,M.D.– DEA#, LIC#	❑ ,M.D.– DEA#, LIC#
Contact Person ❑	❑	❑

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) Substitution Permitted Date

Prescriber's Signature (no stamps) Dispense As Written Date

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