



Heart and Lung Transplant

Garden Grove, CA **toll free**

toll free fax

krogerspecialtypharmacy.com

Date: _____ Need By Date: _____ Ship To: Patient Office Other _____ Fax Copy: Rx Card Front/Back Clinical Notes Medical Card Front/Back

Patient Information		Prescriber Information	
Patient Name		Prescriber Name	
Address		Address	
City State Zip		City State Zip	
Main Phone	Alternate Phone	Phone	Fax
Social Security #		Contact Person	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	DEA #	NPI # License #

Clinical Information		
Diagnosis: <input type="checkbox"/> Z94.1 Heart Transplant <input type="checkbox"/> Z94.2 Lung Transplant	Date of Transplant	Print Labels in: <input type="checkbox"/> Spanish <input type="checkbox"/> English
Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> Other: _____	Weight <input type="checkbox"/> kg <input type="checkbox"/> lbs	Height <input type="checkbox"/> ft <input type="checkbox"/> in

Medication	Directions for Use	DNS	Qty	Refills

<input type="checkbox"/> ,M.D.- DEA#, LIC#	<input type="checkbox"/> ,M.D.- DEA#, LIC#	<input type="checkbox"/> ,M.D.- DEA#, LIC#
<input type="checkbox"/> ,M.D.- DEA#, LIC#	<input type="checkbox"/> ,M.D.- DEA#, LIC#	<input type="checkbox"/> ,M.D.- DEA#, LIC#
Contact Person <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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