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: ❑ Z94.0 Kidney Transplant ❑ Z94.83 Pancreas Transplant **Date of Transplant:** _____
❑ Z94.4 Liver Transplant ❑ Z94.82 Intestine Transplant Print Labels in: ❑ Spanish ❑ English

Height: _____ **Weight:** _____ **Allergies:** _____ ❑ NKDA

MEDICATION	DIRECTIONS FOR USE	QTY	RF	DNS

❑ ,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 it's 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