



Kidney and Liver 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"/> Z94.0 Kidney Transplant <input type="checkbox"/> Z94.83 Pancreas Transplant <input type="checkbox"/> Z94.4 Liver Transplant <input type="checkbox"/> Z94.82 Intestine 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