Pulmonology - Nebulized Therapy

Orlando, FL **toll free** **toll free fax** **krogerspecialtypharmacy.com**

Date: __________ Need By Date: __________ Ship To: ☐ Office ______________________________ Fax Copy: ☐ Rx Card Front/Back ☐ Clinical Notes ☐ Medical Card Front/Back

Patient Information

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

Prescriber Information

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

Clinical Information

Diagnosis: ☐ J45.40 Moderate Asthma ☐ J45.50 Severe Asthma ☐ J45.901 Allergic Asthma
☐ Other: ______________________________ Dx Code: __________

Eosinophil Levels

Drug Allergies

Concomitant Therapies: ☐ Short-acting Beta Agonist ☐ Long-acting Beta Agonist ☐ Antihistamines ☐ Decongestants ☐ Immunotherapy ☐ Inhaled Corticosteroid ☐ Leukotriene Modifiers ☐ Oral Steroids ☐ Nasal Steroids ☐ Other: ______________________________

Please List Therapies

Weight ☐ kg ☐ lbs

Date Weight Obtained

Lab Results: ☐ History of positive skin OR RAST test to a perennial aeroallergen
Pretreatment Serum IgE Level: ______________________ IU per mL Test Date: ______ / ______ / ______

MD Specialty: ☐ Pulmonologist: ______________________________

Prescription Type: ☐ Naïve/New Start ☐ Restart ☐ Continued Therapy
Last Injection Date: ______ / ______ / ______

Prescription Information

Prescription Information			Qty	Refills
☐ Bethkis®	300mg Vial	Inhale 1 vial via nebulizer twice daily for 28 days on and 28 days off		
☐ Cayston®	☐ 75mg Vial ☐ Altera ☐ Pari Smart Mask (Pediatrics)	Inhale 1 vial via Altera neb three times a day for 28 days on and 28 days off		
☐ Colistimethate	☐ 150mg Vial ☐ Sterile Water for Injection (10mL vial) ☐ BD Syringes 5mL 22G x 1 1/2	☐ **75MG** Reconstitute 1 vial with 8mL of sterile water and give 4mL (75mg) via nebulizer twice daily for 28 days on and 28 days off (Draw 8mL to reconstitute 1 vial) ☐ **150MG** Reconstitute 1 vial with 4mL of sterile water and give 4mL (150mg) via nebulizer twice daily for 28 days on and 28 days off (Draw 4mL to reconstitute 1 vial)		
☐ Kitabis® Pak	300mg Single-use Ampule	Inhale 1 ampule via Pari neb twice daily for 28 days on and 28 days off		
☐ Pulmozyme®	2.5mg Single-use Ampule	☐ Inhale 1 ampule via nebulizer once daily ☐ Inhale 1 ampule via nebulizer twice daily		
☐ TOBI®	300mg Vial	Inhale 1 vial via nebulizer twice daily for 28 days on and 28 days off		
☐ TOBI® Podhaler®	28mg Capsule	Inhale contents of 4 caps via Podhaler twice daily 28 days on and 28 days off		
☐ Other				

DME	Qty	Refills	DME	Qty	Refills	DME	Qty	Refills
☐ Aerobika			☐ PARI Trek S			☐ Other		
☐ Aeroeclipse XL			☐ PARI Vios Pro			☐ Other		
☐ PARI LC plus (pro)			☐ PARI Vios Pro Filter			**Please provide letter of medical necessity**		

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Prescriber's Signature (no stamps) Substitution Permitted ______________________ Date __________

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