

Community Consultant Contact: _____

Fax referral to: 844-814-1944 Phone: 844-814-1943

Email referral form to: connect@realospecialtycare.com

For additional forms, visit realospecialtycare.com.

PATIENT INFORMATION

Patient Name: _____ Male Female SS#: _____ DOB: _____
 Address: _____ City, State, Zip: _____
 Primary Phone: _____ Home Cell Work Alternate Phone: _____ Home Cell Work
 Email: _____ Height: _____ Weight: _____
 Allergies: _____ Comorbidities: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ Office Contact: _____
 Address: _____ City, State, Zip: _____
 Phone: _____ Fax: _____
 NPI: _____ DEA: _____

SHIPPING INFORMATION

Ship To: Patient Physician/Clinic Realo Location: _____
 Date Shipment Needed By: _____ Alternate Location: _____
 Shipping Address _____ City, State, Zip _____

DIAGNOSIS AND CLINICAL INFORMATION (Please fax recent clinical notes, labs, and tests to expedite PA)

Diagnosis: _____ ICD-10: _____ Serum Creatinine: _____
 Renal Dysfunction: yes no Liver Dysfunction: yes no H/H (Hemoglobin/Hematocrit: _____)
 Date and value of last HbA1c: _____ Date and value of last Serum PSA: _____
 Date and value of last Serum Testosterone: _____ Date of Orchiectomy: _____

PRESCRIPTION INFORMATION

MEDICATION	DOSE	QUANTITY	REFILL	DIRECTIONS
<input type="checkbox"/> Zytiga® (abiraterone acetate)	250 mg			Take 4 tablets daily without food
With Prednisone	5mg			5mg BID with food
<input type="checkbox"/> Xgeva® (denosumab)				
<input type="checkbox"/> Casodex® (bicalutamide)				
<input type="checkbox"/> Lupron® (leuprolide)				
<input type="checkbox"/> Nilandron® (nilutamide)				
<input type="checkbox"/> Zoladex® (goserelin)				
<input type="checkbox"/> Other:				

Prescriber Signature: I authorize Realo Specialty Care Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

Dispense As Written - Signature	Date	Substitution Permissible - Signature	Date
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PLEASE FAX COPY OF INSURANCE CARD (FRONT + BACK) AND MEDICATION LIST TO 844-814-1944.