

Patient Information				Prescriber Information	
Patient Name:		DOB:		Prescriber's Name:	
Address:				NPI#:	
City:	State:	Zip:		DEA#:	License#:
Phone:		Alternate Phone:		SSN:	
Height:	Weight:	Allergies:		Phone:	Fax:
Emergency Contact:		Phone:		Contact Person:	
Is the patient pregnant, planning a pregnancy or nursing:				Yes	No
				Does the patient need interpreter services:	
				Yes	No

Client Considerations	
Diagnosis (ICD 10): K59.00 Constipation, unspecified K59.01 Slow transit constipation K59.02 Outlet dysfunction constipation K59.09 Other constipation Other (please specify): _____	Diagnosis (ICD 10): K58.0 Irritable bowel syndrome with diarrhea K58.9 Irritable bowel syndrome without diarrhea K59.1 Functional diarrhea P78.3 Noninfective neonatal diarrhea R19.7 Diarrhea, unspecified Other (please specify): _____

Documentation (Required)		
Insurance Card (front and back)	Current Medications	History/Progress Notes

Specific Labs Needed (note: send ALL labs, must include specific labs listed here)

Other: _____

Medication	Dose	Directions for Use	Qty	Refills
AMITIZA® (Lubiprostone)	8mg by mouth twice daily with food and water. 24mg by mouth twice daily with food and water.			
LINZESS® (Linaclotide)	145mcg by mouth once daily on empty stomach 30 minutes prior to first meal of the day. 290mcg by mouth once daily on empty stomach 30 minutes prior to first meal of the day.			
RELISTOR® (Methylnaltrexone)	<input type="radio"/> 3x150mg tablets once daily with water on an empty stomach at least 30 minutes before the first meal of the day. [NB. 1 Tablet Daily with Renal/Hepatic Impairment] <input type="radio"/> 12mg pre-filled syringe SC once daily. <input type="radio"/> 8mg pre-filled syringe SC every other day as needed. <input type="radio"/> 12mg pre-filled syringe SC every other day as needed.			
DIFICID® (Fidoxamicin)	<input type="radio"/> 200mg	<input type="radio"/> One tablet by mouth twice daily for 10 days.		

By signing this form I authorize Aleracare and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so release clinical information via phone to the appropriate third party payer.

Prescriber's Signature

Date