

Patient Information				Prescriber Information	
Patient Name:		DOB:		Prescriber's Name:	
Address:				NPI#:	
City:	State:	Zip:	DEA#:		License#:
Phone:		Alternate Phone:		Address:	
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	

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: _____

Client Consideration

Diagnosis (ICD 10):	C61 Malignant neoplasm of prostate	N39.41 Urge incontinence
	N40.1 Enlarged prostate with lower urinary tract symptoms	N43.40 Spermatocele of epididymis, unspecified
	N13.8 Other obstructive and reflux uropathy	N31.9 Neuromuscular dysfunction of bladder, unspecified
	R33.9 Retention of urine, unspecified	C67.9 Malignant neoplasm of bladder, unspecified
	R97.2 Elevated prostate specific antigen (PSA)	N20.1 Calculus of ureter
	R35.0 Frequency of micturition	N20.2 Calculus of kidney with calculus of ureter
	N39.0 Urinary tract infection, site unspecified	Other (please specify): _____

Medication	Dose	Directions for Use	Qty	Refills
CASODEX® (Bicalutamide)	50mg tablet	50mg PO every day at the same time		
MITOMYCIN®	5mg IV 20mg IV 40mg IV			
ELIGARD® (Leuprolide)	7.5mg Syr Kit 30mg Syr Kit 22.5mg Syr Kit 45mg Syr Kit			
LUPRON® (Leuprolide)	7.5mg Syr Kit 30mg Syr Kit 22.5mg Syr Kit 45mg Syr Kit			
ZOLADEX® (Goserelin)	3.6mg Implant Syr 10.8mg Implant Syr			
TRELSTAR® (Triptorelin Pam)	3.75mg Syr 11.25mg Syr 22.5mg Syr			
ZYTIGA® (Abiraterone)	250mg Tablet 500mg Tablet	1000mg PO Q day		
OTHER				

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**
 o 818.390.9696 f 818.390.9697 e intake@aleraCare.com aleraCare.com