



SPECIALTY DIVISION

Fax: 501.305.4514 | Pharmacy: 501.305.4108 | Toll Free: 855.400.4108

Dermatology Form

Last Name First Middle Initial Date of Birth Sex Male Female Social Security # Phone Physical Address City, State, Zip Shipping Address City, State, Zip

INSURANCE INFORMATION

See Attached Demographics

Primary Insurance: Name of Insured ID# Group PCN BIN

MEDICAL INFORMATION

Has patient previously been treated for condition? Is patient currently on therapy? Is patient at risk for Hepatitis B infection? Has Hep. B been ruled out or treatment initiated? Has TB test been performed? Has patient received a pneumococcal vaccination? Prior Failed Medication(s) Medication Duration of tx/Reason for D/C

Patient's Weight (lbs) Allergies Current Medication(s)

PRESCRIPTION INFORMATION

Table with 5 columns: Medication, Strength, Directions, Quantity, Refills. Rows include CIMZIA, ENBREL, HUMIRA, OTEZLA, SIMPONI, SORIATANE, STELARA, and OTHER.

PRESCRIBER INFORMATION

Prescriber Specialty Office Contact Phone Fax Address City, State, Zip DEA NPI Date Ordered Date Needed

I certify that the above therapy is medically necessary & all the above information is accurate to the best of my knowledge.

Signature of Prescriber Product Substitution Permitted Yes No

Stanley Pharmacy will only accept valid written, telephone, faxed or electronic prescription orders from the prescriber.

CONFIDENTIALITY STATEMENT: This communication is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law.