



SPECIALTY DIVISION

Inflammatory Bowel Disease Enrollment Form

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

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

Diagnosis (ICD-9 Codes) Date of Diagnosis Patient's Weight (lbs) Allergies Current Medication(s) Crohn's Disease Severity Is patient currently on therapy? Is patient at risk for Hepatitis B infection? Has TB test been performed? Prior Failed Medication(s) Medication Duration of tx/Reason for D/C

PRESCRIPTION INFORMATION

Table with 5 columns: Medication, Strength, Directions, Quantity, Refills. Rows include CIMZIA, HUMIRA, SIMPONI, REMICADE, and ENTYVIO.

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.