986 PHARMACY SPECIALTY

1719 E. Walnut St.
Pasadena, CA 91106
Tel: 626-798-6789
FAX: 626-798-8376

ONCOLOGY ENROLLMENT FORM

PATIENT INFORMATION

Name *(First, Last):*

_____ ☐ **Male** ☐ **Female**

Address: _____ **City:** _____ **State:** __ __ **Zip Code:** __ __ __ __ __

Phone: (__ __ __) __ __ __ - __ __ __ __ **Date of Birth** (mm/dd/yyyy) **:** __ __ /__ __ /__ __ __ __ **Social Security #**__ __ __ - __ __ - __ __ __ __

Prescription Information		*Strength/ Quantity/Directions(SIG)/Refills*
❑ *Afinitor*	❑ *Ninlaro*	
❑ *Afinitor Disper*	❑ *Perjeta*	
❑ *Arimidex*	❑ *Piqray*	
❑ *Avastin*	❑ *Promacta*	
❑ *Droxia*	❑ *Rydapt*	
❑ *Erleada*	❑ *Rituxan*	
❑ *Erbitux*	❑ *Sylatron*	
❑ *Femara*	❑ *Sprycel*	
❑ *Gleevec*	❑ *Tasigna*	
❑ *Granix*	❑ *Tarceva*	
❑ *Hycamtin*	❑ *Tafinlar*	
❑ *Herceptin*	❑ *Temodar*	
❑ *Jadenu*	❑ *Tykerb*	
❑ *Kisqali*	❑ *Votrient*	
❑ *Leukine*	❑ *Xgeva*	
❑ *Lupron*	❑ *Xeloda*	
❑ *Lovenox*	❑ *Xtandi*	
❑ *Mekinist*	❑ *Zarxio*	
❑ *Neupogen*	❑ *Zykadia*	
	❑ *Zytiga*	

Total # of Dangerous Drugs Prescribed _____

DIAGNOSIS AND CLINICAL INFORMATION

☐ Diagnosis Description:	ICD-10:
TREATMENT CYCLE:	REST PERIOD:
Height: _____ in/ft Weight: _____ lb/kg	BSA: _____ m2
Allergies:	☐ NKDA

Prior Tried/Failed Medications - MUST provide info to avoid prior authorization denials:		
Medication/Strength	Duration	Reason for Discontinuation

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PRESCRIBER'S INFORMATION

Prescriber Name *(First, Last):* _____ **NPI #:** __ __ __ __ __ __ __ __ __ __

Address: _____ **DEA #:** __ __ __ __ __ __ __ __ __

City: _____ **State:** __ __ **Zip Code:** __ __ __ __ __

Phone: (__ __ __) __ __ __ - __ __ __ __ **Fax:** (__ __ __) __ __ __ - __ __ __ __ **Contact Name:** _____

Physician Signature: _____ **Date:** ____ / ____ / ____

I authorize 986 Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process