ASP CARES

Gastroenterology

Ph: (214) 919-2090 or (877) 753-6878
Fax: 1 (888) 294-9434

MAIN POINT OF CONTACT
Name:_____
Phone:_____

Injection Training: ☐ MD Office ☐ Pharmacy to Arrange
Ship To : ☐ Patient Home ☐ MD Office

PATIENT INFORMATION (Use this area or attach patient demographics)

Name:_____ Phone:_____ Phone 2:_____
Home Address:_____ City:_____ State:_____ Zip Code:_____
DOB:_____ SSN:_____ Sex: ☐ Male ☐ Female Height:_____ Weight:_____lbs.
Emergency Contact:_____ Phone:_____

INSURANCE INFORMATION (Use this area or attach copy of insurance card(s))

Primary Insurance:_____ Secondary Insurance:_____
ID#:_____ RxBin:_____ ID#:_____ RxBin:_____
RxGroup:_____ Pcn:_____ RxGroup:_____ Pcn:_____

MEDICAL ASSESSMENT (Use this area or attach patient labs and other authorization information)

Primary Diagnosis:_____ ICD10 Code:_____
Secondary Diagnosis:_____ ICD10 Code:_____
Previous Treatment:_____ AST:_____

PRESCRIPTION INFORMATION *(Use this area or attach copy of RX(s))

Medication	Strength	Directions	QTY	Refill
☐ **Harvoni**	☐ Fixed-dose combination tablet of 90mg of ledipasvir/400mg of sofosbuvir	Take orally once daily with or without food. Do not take within 4 hours of antiacids.	28-day supply	
☐ **Viekira Pak**	Ombitasvir/paritaprevir/ritonavir 12.5/75/50 mg and dasabuvir 250mg copackaged	Take two pink tablets (ombitasvir, paritaprevir, ritonavir) once daily (morning) and one beige tablet (dasabuvir) twice daily (morning and evening with meals.	28-day supply	☐ max 12 wks ☐ max 24 wks
☐ **Baraclude**	☐ 0.5mg ☐ 1 mg			
☐ **Remicade** ☐ Crohns ☐ Ulcerative Colitis	☐ 100 mg vial	☐ Induction: IV at 5mg/kg (Dose = mg) at 0,2,6 weeks ☐ Maintenance: IV at 5mg/kg (Dose= mg) every 8 weeks ☐ Other:_____	(# of 100mg vials)	
☐ **Tysabri**				

℞

Allergies:

ALL controlled substance quantities must be hand written in number and letter form

Prescriber Name:_____ NPI#:_____
Address:_____ City:_____ State:____ Zip Code:_____
Phone:_____ Fax:_____

***Prescriber Signature:_____ Date:_____**

Please fax completed form to 1 (888) 294-9434