		ASP CARES				
MAIN POINT OF CONTACT				ction Training: D MD Office	n Training: 🔲 MD Office	
Name:		Ph: (214) 919-2090 or (877) 753-6878			Pharmacy to Arrange	
Phone:				To: D Patient Home D MD	: D Patient Home D MD Office	
PATIENT INFO	RMATION (Use this area o	r attach patient demographics)				
Name:		Phone:	Phone	e 2:		
Home Address:		Phone: Phone 2 City: State: Sex: 🗆 Male 🗖 Female Height:		: Zip Code:		
DOB:SSN:		Sex: 🛛 Male 🗳 Female Height:		Weight:	lbs.	
	ontact:	Phone:				
INSURANCE II	NFORMATION (Use this are	ea or attach copy of insurance card(s	5))			
Primary Insura	Insurance: Secondary Insurance:					
ID#:	ID#:			RxBin:		
RxGroup:	D#: RxBin: ID#: xGroup: Pcn: RxGroup:					
MEDICAL ASS	ESSMENT (Use this area or	attach patient labs and other author	orization i	nformation)		
Primary Diagr		ICD10 Code:				
Secondary Diagnosis:					D10 Code:	
Previous Treat	tment:			AST:		
PRESCRIPTIO	N INFORMATION *(Use thi	s area or attach copy of RX(s))				
Medication	Strength	Strength Directions		QTY	Refill	
□ Avonex	□ 30 mcg PFS □ 30 mcg SDV □ 30mcg pen (single dose)	Inject 30 mcg intramuscularly once a week.		□ 28-day supply (1 kit) □ 84-day supply (3 kits)		
□ Betaseron	0.3 mg	□ Inject 0.25 mg (1mL) subcutaneously every other day □ Other: □ Dose Titration:		ay D 28-day supply (1 kit of 14 vials)		
		Week 1-2: Inject 0.0625 mg/0.25 ml sub-Q QOD Week 3-4: Inject 0.125 mg/0.50 ml sub-Q QOD Week 5-6: Inject 0.1875 mg/0.75 ml sub-Q QOD Week 7+: Inject 0.25 mg/1 ml sub-Q QOD		□ 84-day supply (3 kits of 14 vials)		
Conovono	□ 20 mg prefilled syringe	Inject 20 mg subcutaneously daily		□30-day supply (1 kit) □90-day supply (3 kits)		
Copaxone	□ 40 mg prefilled syringe	Inject 40 mg subcutaneously daily		□28-day supply (12 syringes) □84-day supply (36 syringes)		
🗆 Extavia	0.3 mg	 ☐ Inject 0.25 mg (1mL) subcutaneously every other day ☐ Other: ☐ Dose Titration: Week 1-2: Inject 0.0625 mg/0.25 ml sub-Q QOD Week 3-4: Inject 0.125 mg/0.50 ml sub-Q QOD Week 5-6: Inject 0.1875 mg/0.75 ml sub-Q QOD Week 7+: Inject 0.25 mg/1 ml sub-Q QOD 		y □30-day supply (1 kit) □90-day supply (3 kits)		
🗆 Gilenya	0.5 mg	Take one capsule by mouth once daily		□ 30-day supply (1 bottle) □ 90-day supply (3 bottles))	
🗆 Glatopa	20 mg prefilled syringe	Inject 20 mg subcutaneously daily		□ 30-day supply (1 kit) □ 90-day supply (3 kits)		
Dabif	□Titration Pack (six 8.8 mcg & six 22 mcg prefilled syringes) □rebidos Titration Pack (six 8.8 mcg prefilled autoinjectors & six 22 mcg prefilled autoinjectors	Weeks 1-2: Inject 8.8 mcg subcutaneously three times a week Weeks 3-4: Inject 22 mcg subcutaneously three times a week				
□ Rebif	22 mcg prefilled syringe 44 mcg prefilled syringe Rebidose 22 mcg prefilled autoinjector Rebidose 44 mcg prefilled autoinjector	Inject 44 mcg subcutaneously three times a week Other:		□28-day supply (1 kit) □84-day supply (3 kits)		
Tysabri						
Allergies:		Notes:			1	
Drescriber No.	mo:		<i>#</i> ·			
		NPI				
Phone:		Fax:				
*Prescribe	er Signature:			Date:		

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