CompreCare | Rx

Specialty Pharmacy
JCAHO Accredited

ONCOLOGY ENROLLMENT FORM

Phone: 800-541-2030
Fax: 888-862-4769

PATIENT INFORMATION		
Patient Name	Male ☐ Female ☐	Allergies NKDA
Date of Birth	SSN#	Weight Kg Lb Date
Address	City	State/Zip
Phone # (Home)	Work #	Email Address
Caregiver	Case Manager	

INSURANCE INFORMATION		
Primary Insurance		Policy Holder
Group #	Policy #	Phone #
Secondary Insurance	Policy #	Phone #

DIAGNOSIS/MEDICAL INFORMATION (PLEASE SPECIFY PRIMARY & SECONDARY DIAGNOSIS)	
☐ CD-10	
☐ Other ICD-10	
Additional Medical Information	
Is patient new to therapy? ☐ Yes ☐ No	Date of diagnosis / /

IV MEDICATION			
Biologicals		Miscellaneous	
Epogen	MG IV	Pentamidine	MG IV
Intron	MG IV	Solumedrol	MG IV
Leukine	MG IV	Solu-Cortef	MG IV
Neulasta	MG IV		
Neumega	MG IV	Pain	
Neupogen	MG IV	Morphine	Sig:
Procrit	MG IV	Hydromorphone	Sig:
Proleukin	MG IV	Methadone	Sig:
Remicade	MG IV	Other	

DELIVERY INSTRUCTIONS	
☐ Physician's Office ☐ Patient's Home ☐ Other	
Address	Phone #
City/State/Zip	Date Medication Needed / /

PHYSICIAN CONTACT INFORMATION & AUTHORIZATION			
Physician Name		Phone	Fax
Address		City/State/Zip	
NPI #	DEA #	Office Contact	

Physician Signature Date
(signature required to process prescription)