

# ONCOLOGY REFERRAL FORM

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Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: ☐ M ☐ F  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 ICD-10 Diagnosis Code: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 Allergies (please note reaction): \_\_\_\_\_ ☐ Latex  
 Current Medications: (list here or attach a medication list): \_\_\_\_\_  
 Comorbidities: (list here or attach a list): \_\_\_\_\_

## INSURANCE INFORMATION - FAX COPY OF PATIENT'S INSURANCE CARD - BOTH SIDES

Prescription Information

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
<input type="checkbox"/> Bosulif (bosutinib)	<input type="checkbox"/> 100mg Tab	<input type="checkbox"/> Take 500mg by mouth once daily with food.	30-day supply	
	<input type="checkbox"/> 500mg Tab	<input type="checkbox"/> Take _____mg by mouth once daily with food.		
<input type="checkbox"/> Ibrance (palbociclib)	<input type="checkbox"/> 75mg Cap	Take 1 capsule by mouth once daily with food for 21 days, followed by 7 days off for a 28 day cycle.	21 caps	
	<input type="checkbox"/> 100mg Cap			
	<input type="checkbox"/> 125mg Cap			
<input type="checkbox"/> WITH letrozole	2.5mg Tab	Take 1 tablet by mouth once daily.	30-day supply	
<input type="checkbox"/> WITH anastrozole	1mg Tab	Take 1 tablet by mouth once daily.	30-day supply	
<input type="checkbox"/> WITH exemestane	25mg Tab	Take 1 tablet by mouth once daily after a meal.	30-day supply	
<input type="checkbox"/> WITH fulvestrant	500mg Sol	<input type="checkbox"/> Inject 500mg intramuscularly on days 1, 15, 29 then monthly thereafter.	30-day supply	
<input type="checkbox"/> Inlyta (axitinib)	<input type="checkbox"/> 5mg Tab	<input type="checkbox"/> Take 5mg by mouth twice daily, approximately 12 hours apart.	30-day supply	
	<input type="checkbox"/> 1mg Tab	<input type="checkbox"/> Take _____mg by mouth twice daily, approximately 12 hours apart.		
<input type="checkbox"/> Keytruda (pembrolizumab)	<input type="checkbox"/> 50mg lyophilized powder in SDV for reconstitution	<input type="checkbox"/> Administer 200mg via intravenous infusion every 3 weeks over 30 minutes.	21-day supply	
	<input type="checkbox"/> 100 mg/4ml solution in single-dose vial	<input type="checkbox"/> Pediatrics: At 2mg/kg (max. 200mg), administer _____mg via intravenous infusion every 3 weeks over 30 minutes.		
<input type="checkbox"/> Kisqali (ribociclib)	200mg Tab	<input type="checkbox"/> Take 600mg (3 tablets) by mouth once daily for 21 days followed by 7 days off treatment.	28-day supply	
		<input type="checkbox"/> Take _____mg by mouth once daily for 21 days followed by 7 days off treatment	28-day supply	
<input type="checkbox"/> WITH letrozole	2.5 mg Tab	<input type="checkbox"/> Take 1 tablet by mouth twice daily.	30-day supply	
<input type="checkbox"/> Kisqali Femara Co-pack (ribociclib and letrozole)	200mg Tab/ 2.5mg Tab	<input type="checkbox"/> Take Kisqali 600mg (3 tablets) by mouth once daily for 21 consecutive days followed by 7days off treatment and take Femara 2.5 mg by mouth once daily continuously for a 28-day cycle.	28-day supply	

Prescription information continued on next page

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
<input type="checkbox"/> Rydapt (midostaurin)	<input type="checkbox"/> 25mg Cap	<input type="checkbox"/> Take 100mg by mouth twice daily. <input type="checkbox"/> Take 50mg twice daily.	<input type="checkbox"/> 30-day supply <input type="checkbox"/> 90-day supply	
<input type="checkbox"/> Xalkori (crizotinib)	<input type="checkbox"/> 250mg Cap	<input type="checkbox"/> Take 250mg by mouth twice daily. <input type="checkbox"/> Take 250mg by mouth once daily.	30-day supply	
	<input type="checkbox"/> 200mg Cap	<input type="checkbox"/> Take 200mg by mouth twice daily.		
<input type="checkbox"/> Verzenio (abemaciclib)	<input type="checkbox"/> 50mg Tablet	Take 1 tablet by mouth twice daily.	28-day supply	
	<input type="checkbox"/> 100mg Tablet	Take 1 tablet by mouth twice daily.	28-day supply	
	<input type="checkbox"/> 150mg Tablet	Take 1 tablet by mouth twice daily.	28-day supply	
	<input type="checkbox"/> 200mg Tablet	Take 1 tablet by mouth twice daily.	28-day supply	
<input type="checkbox"/> Zytiga (abiraterone)	<input type="checkbox"/> 250mg Tab	Take _____mg by mouth once daily without food.	30-day supply	
	<input type="checkbox"/> 500mg Tab			
<input type="checkbox"/> WITH prednisone	5 mg Tab	Take 1 tablet by mouth twice daily with food.	30-day supply	
Other Medications:				

**Treatment History:** ☐ **New to Therapy** ☐ **Continuation of Therapy**

Prescriber Name: \_\_\_\_\_  
 State License #: \_\_\_\_\_ DEA #: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Additional Contact Person Name: \_\_\_\_\_  
 Group or Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Prescriber Signature: \_\_\_\_\_

Product Substitution Permitted

Date

Dispensed as Written

Date

Ship to: ☐ Patient  
☐ Prescriber/Clinic  
☐ Pick up at an Albertsons Companies Pharmacy  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Date Medication Needed: \_\_\_\_\_

It's as simple as **caring.**



Ph. 800-834-8778  
Fax 877-466-8040

E-Scribe Information:  
 Albertsons/Safeway Pharmacy • 12874 E. Florence Ave.  
 Santa Fe Springs, CA 90670 • NCPDP 5617418 • NPI 1164451100