HEMATOLOGY REFERRAL FORM

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Albertsons Companies Specialty Care

Jewel Osco · Albertsons · SAFEWAY · VONS · ACME · shaw's · star market · PAVILIONS · CARRS · Randalls · Tom Thumb

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
☐ Aranesp (darbepoetin alfa)	☐ 25mcg/mL Single Dose Vial ☐ 40mcg/mL Single Dose Vial ☐ 60mcg/mL Single Dose Vial ☐ 100mcg/mL Single Dose Vial ☐ 200mcg/mL Single Dose Vial ☐ 300mcg/mL Single Dose Vial ☐ 10mcg/0.4mL Prefilled Syringe ☐ 25mcg/0.4mL Prefilled Syringe ☐ 40mcg/0.4mL Prefilled Syringe ☐ 60mcg/0.3mL Prefilled Syringe ☐ 100mcg/0.5mL Prefilled Syringe ☐ 150 mcg/0.3mL Prefilled Syringe ☐ 200mcg/0.4mL Prefilled Syringe ☐ 300mcg/0.6mL Prefilled Syringe ☐ 500mcg/mL Prefilled Syringe		28-day supply	
☐ Epogen (epoetin alfa)	☐ 2,000 units/mL Single Dose Vial ☐ 3,000 units/mL Single Dose Vial ☐ 4,000 units/mL Single Dose Vial ☐ 10,000 units/mL Single Dose Vial ☐ 20,000 units/mL Single Dose Vial ☐ 40,000 units/mL Single Dose Vial		28-day supply	
☐ Neulasta (pegfilgrastim)	☐ 6mg/0.6mL Onpro Kit ☐ 6mg/0.6mL Prefilled Syringe	☐ Inject 6mg subcutaneously once per chemotherapy cycle, beginning at least 24 hours after completion of chemotherapy. ☐ Other:		
☐ Neupogen (filgrastim)	☐ 300mcg/mL Single Dose Vial ☐ 480mcg/1.6mL Single Dose Vial ☐ 300mcg/0.5mL Prefilled Syringe ☐ 480mcg/0.8mL Prefilled Syringe			

Prescription information continued on next page

Prescription Information - Continued

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Procrit (epoetin alfa)	☐ 10,000 units/mL Multidose Vial ☐ 20,000 units/mL Multidose Vial ☐ 2,000 units/mL Single Dose Vial ☐ 3,000 units/mL Single Dose Vial ☐ 4,000 units/mL Single Dose Vial ☐ 10,000 units/mL Single Dose Vial ☐ 40,000 units/mL Single Dose Vial		28-day supply	
☐ Promacta (eltrombopag)	☐ 12.5mg Tablet ☐ 25mg Tablet ☐ 50mg Tablet ☐ 75mg Tablet	☐ Take 1 tablet by mouth once daily. ☐ Other:	30-day supply	
☐ Zarxio (filgrastim-sndz)	☐ 300mcg/0.5mL Prefilled Syringe ☐ 480mcg/0.8mL Prefilled Syringe			
Other Medication Name:				

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

Prescriber Information

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

Delivery Information

Ship to: ☐ Patient ☐ Prescriber/Clinic

☐ Pick up at an Albertsons Companies Pharmacy

Address: _____

Phone: _____

Date Medication Needed: _____

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

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E-Scribe Information:
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