

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.V		
<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"/> Lorbrena (lorlatinib)	<input type="checkbox"/> 100mg Tab	Take 1 tablet by mouth once daily.	30-day supply	
	<input type="checkbox"/> 25mg Tab	<input type="checkbox"/> Take 1 tablet (25mg) by mouth once daily. <input type="checkbox"/> Take 2 tablets (50mg) by mouth once daily. <input type="checkbox"/> Take 3 tablets (75mg) by mouth once daily.		
<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"/> Talzenna (talazoparib)	<input type="checkbox"/> 1mg Cap	Take 1 tablet by mouth once daily.	30-day supply	
	<input type="checkbox"/> 0.25mg Cap	<input type="checkbox"/> Take 1 tablet (0.25mg) by mouth once daily. <input type="checkbox"/> Take 2 tablets (0.5mg) by mouth once daily. <input type="checkbox"/> Take 3 tablets (0.75mg) by mouth once daily.		
<input type="checkbox"/> Verzenio (abemaciclib)	<input type="checkbox"/> 50mg Tab	Take 1 tablet by mouth twice daily.	28-day supply	
	<input type="checkbox"/> 100mg Tab	Take 1 tablet by mouth twice daily.	28-day supply	
	<input type="checkbox"/> 150mg Tab	Take 1 tablet by mouth twice daily.	28-day supply	
	<input type="checkbox"/> 200mg Tab	Take 1 tablet by mouth twice daily.	28-day supply	
<input type="checkbox"/> Vizimpro (dacomitinib)	<input type="checkbox"/> 45mg Tab	Take 1 tablet by mouth once daily.	30-day supply	
	<input type="checkbox"/> 30mg Tab			
	<input type="checkbox"/> 15mg Tab			
<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"/> 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 once daily with food.	30-day supply	
<input type="checkbox"/> WITH prednisone	5 mg Tab	Take 1 tablet by mouth twice daily with food.	30-day supply	
Other Medication:				

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
Dispensed as Written
Date

☐ Ship to Patient
 ☐ Ship to Prescriber/Clinic
 ☐ Pick up at Albertsons Companies Pharmacy
 Date Medication Needed: _____

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