



# CareMed

Pharmaceutical Services

Phone: 516.355.2273 Fax: 516.326.2273

### Patient Information

Last Name	First Name	SSN	DOB
Home Address	City	State	Zip
Home Phone	Work Phone	Parent/Guardian	
Shipping Address	City	State	Zip

### Pharmacy Insurance Information

Primary Insurance:	Rx Bin:	Secondary Insurance:	Rx Bin:
ID Number:	Group Number:	ID Number:	Group Number:

### Physician Information

Prescriber Name:	Licence:	DEA:	Office Contact:
Address:	City:	State:	Zip:
		Phone:	Fax:

### Diagnoses Information

Primary Dx:	ICD-9:	Secondary Dx:	ICD-9:
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### Medications (You may tape Prescriptions here prior to faxing)

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Abraxane				
<input type="checkbox"/> Adriamycin				
<input type="checkbox"/> Aredia				
<input type="checkbox"/> Avastin				
<input type="checkbox"/> Bleomycin				
<input type="checkbox"/> Camptosar				
<input type="checkbox"/> Carboplatin				
<input type="checkbox"/> Cisplatin				
<input type="checkbox"/> Cytarabine				
<input type="checkbox"/> Cytosan				
<input type="checkbox"/> Dacogen				
<input type="checkbox"/> Doxorubicin				
<input type="checkbox"/> Eloxatin				
<input type="checkbox"/> Erbitux				
<input type="checkbox"/> Etoposide				
<input type="checkbox"/> Faslodex				
<input type="checkbox"/> Fludaribine				
<input type="checkbox"/> Fluorouracil				
<input type="checkbox"/> Gemzar				
<input type="checkbox"/> Herceptin				
<input type="checkbox"/> Hycamtin				
<input type="checkbox"/> Ixempra				
<input type="checkbox"/> Leucovorin				
<input type="checkbox"/> Lupron				
<input type="checkbox"/> Ifex				
<input type="checkbox"/> Mesna				
<input type="checkbox"/> Methotrexate				
<input type="checkbox"/> Mitomycin				

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Navelbine				
<input type="checkbox"/> Novantrone				
<input type="checkbox"/> Remicade				
<input type="checkbox"/> Rituxan				
<input type="checkbox"/> Taxol				
<input type="checkbox"/> Taxotere				
<input type="checkbox"/> Vectibix				
<input type="checkbox"/> Velcade				
<input type="checkbox"/> Vidaza				
<input type="checkbox"/> Vinblastine				
<input type="checkbox"/> Vincristine				
<input type="checkbox"/> Zoladex				
<input type="checkbox"/> Zometa				

### Pre-Medications

<input type="checkbox"/> Aloxi				
<input type="checkbox"/> Anzemet				
<input type="checkbox"/> Benadryl				
<input type="checkbox"/> Dexamethasone				
<input type="checkbox"/> Emend				
<input type="checkbox"/> Kyrtill				
<input type="checkbox"/> Tagamet				
<input type="checkbox"/> Zofran				

### Biologicals

<input type="checkbox"/> Aranesp				
<input type="checkbox"/> Procrit				
<input type="checkbox"/> Neulasta				
<input type="checkbox"/> Neupogen				
<input type="checkbox"/> Neumega				

### Delivery Information

Today's Date:	Needed by:	Deliver to: <input type="checkbox"/> Patient's Home <input type="checkbox"/> MD Office/Clinic <input type="checkbox"/> Patient's Work <input type="checkbox"/> Other:
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## PRESCRIBER'S SIGNATURE REQUIRED

MD / NP / PA Signature: \_\_\_\_\_