



@pfsprx #pfsprx

VERBAL ORDER FORM
GASTROENTEROLOGY

Today's Date
Date Needed

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- Phone Order
Ship to Patient: Home Work
Ship to: Physician Office
Nurse / Training
PFSP Pharmacy

Patient Name, Address, Telephone, Allergies, Primary Insurance, Insured's Name, City, State, Phone, Date of Birth, Male, Female, Apt #, City, State, Zip, Email, Comorbidities, ID#, Group #, Employer

ICD-10 Diagnosis Code, Patient currently on therapy?, PPD (TB Test), Will patient stop taking the medication(s) before starting the new medication?, If yes, how long should patient wait before starting the new medication?, Current medications patient (including OTC) with dosage and direction (or fax medication), Previously treated for this condition?

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

HUMIRA Citrate-Free PEN Crohn's Disease Starter Pkg, HUMIRA MAINTENANCE THERAPY, HUMIRA Citrate-Free PEN 40 mg/0.4 mL, HUMIRA Citrate-Free PFS 40 mg/0.4 mL, SMARTJECT AUTOINJECTOR 50mg/0.5mL, PFS 50mg/0.5mL, SMARTJECT AUTOINJECTOR 100mg/1mL

STELARA 130 mg/26 mL vial, 45mg SD Vial, 45mg PFS, 90mg PFS, Patient Weight (kg), Starter SIG, Maintenance SIG, Weight of Patient (Kg), Recommended Dosage

SUTAB QTY: 24, MOVIPREP QTY:1, PLENUVU QTY:3, SIG: Use as directed on colonoscopy instructions Refill:0

EPLUSA 400mg/100mg tablet (brand), SOFOSBUVIR/VELPATASVIR 400mg/100mg tablet (generic), SIG: Take 1 tablet by mouth daily QTY: 28 Refill: 0

HARVONI 90mg/400mg tablet (brand), LEDIPASVIR/SOFOSBUVIR 90mg/400mg tablet (generic), SIG: Take 1 tablet by mouth daily QTY: 28 Refill: 0

XELJANZ 5mg tablet, 10mg tablet, SIG: Take one 5mg tablet by mouth twice daily QTY: 60 Refill: 0, SIG: Take one 10mg tablet by mouth twice daily QTY: 60 Refill: 0

MAVYRET 100mg glecaprevir/40mg pibrentasvir tablet, Therapy Length: 8 weeks or 12 weeks, SIG: Take 3 tablets orally once daily with food QTY: 84 Refill: 0

CIMZIA 200mg/1ml PFS, PFS Starter Kit, Starter SIG: Inject 400mg SQ on day 1, at week 2 & at week 4, Maintenance SIG: Inject 400mg SQ every 4 weeks QTY: 4 wk supply Refill: 0

RIBAVIRIN 200mg capsules, 200mg tablets, SIG: <75kg: 400mg in the AM and 600mg in the PM QTY: Refill: , >75kg: 600mg in the AM and 600mg in the PM QTY: Refill: , Other: QTY: Refill: 0

DIFICID 200mg tablet, QTY: 20 Refill: 0, SIG: Take one tablet orally twice daily for 10 days with or without food

SOVALDI sofosbuvir 400mg tablet, QTY: 28 Refill: 0, SIG: Take 1 tablet by mouth daily for: 12 weeks with Ribavirin and peginterferon (Genotype 1 or 4), 12 weeks with Ribavirin (Genotype 2), 24 weeks with Ribavirin (Genotype 3), Other: QTY: Refill: 0

ENTYVIO 300mg, Starter SIG: Infuse 300mg IV at wks 0, 2, & 6, then maint. QTY: 3 Refill: 0, Maintenance SIG: Infuse 300mg IV every 8 weeks QTY: 1 Refill: 0

VOSEVI 400mg sofosbuvir/ 100mg velpatasvir/ 100mg voxilaprevir tablet, SIG: Take 1 tablet by mouth daily with food for 12 weeks QTY: 28 Refill: 2

SAXENDA, Starter SIG: Inject 0.6mg into the skin once daily for 1 week, increase by 0.6mg daily at weekly intervals to a target dose of 3mg once daily. QTY: 15ml Refill: 0, Maintenance SIG: Inject 3mg into the skin once daily QTY: 15ml Refill: 0

ZEPATIER grazoprevir 100mg/ elbasvir 50mg tablet, SIG: Take 1 tablet by mouth daily QTY: 28 Refill: 0

DONNATAL 16.2mg tablet, ZOFRAN 4mg, 8mg, RELISTOR 8mg PFS, 12mg PFS, 150mg tablet, PROCIT vial includes 25G 1/2" syringes and alcohol pads w/ all dispenses, XIFAXAN 200mg, 550mg, 1 200mg TAB PO TID x 3 Days QTY: 9 Refill: 0, 1 550mg TAB PO BID QTY: 60 Refill: 0, 1 550mg Tab PO TID x 14 Days QTY: 42 Refill: 0, SIG: QTY: Refill: 0

HEPATITIS B ORAL THERAPIES, BARACLUD 0.5mg, 1.0mg, EPIVIR HBV 100mg, HEPSERA 10mg, VEMLIDY 25mg, VIREAD 300mg, SIG: QTY: Refill: 0

OTHER, SIG: QTY: Refill: 0

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "D A W" IN THIS BOX

Prescriber's Name / Practice, Office Contact, Address, Suite#, City, State, Zip, Tel, Fax, Email, License#, NPI#, UPIN#, DEA#

Prescriber's Signature (signature required. NO STAMPS)

Date

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