



@pfsprx #pfsprx

VERBAL ORDER FORM
INTERNAL MEDICINE

Today's Date
Date Needed

398 W. Grand Avenue | Rahway, NJ 07065
Ph 844-527-9486 | Fx 866-285-7628
NPI# 1669881777 NABP# 3148839
info@pfsprx.com PFSPrx.com



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

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

ICD-10 Diagnosis Code, Patient currently on therapy?, 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?, PPD (TB Test)

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

DUPIXENT 300mg/mL PFS 200mg/1.14mL PFS
Asthma Starter: Inject 400mg SQ on Day 1, then 200mg SQ every other week. QTY: 4 PFS Refills: 0
Maint: Inject 200mg SQ every other week. QTY: 2 PFS Refills:
Asthma Starter: Inject 600mg SQ on Day 1, then 300mg SQ every other week. Qty: 4 PFS Refills: 0
Maint: Inject 300mg SQ every other week. Qty: 2 PFS Refills:
Sharps Container If applicable, enroll patient in MyWay™

REPATHA® Auto-Injector 140MG PFS 140MG
SIG: 140MG SC every 2 weeks 420MG SC once monthly
Other: QTY: Refill:

PRAULENT® Pen 150MG PFS 150MG Pen 75MG PFS 75MG
SIG: 75MG once every 2 weeks 150MG once every 2 weeks
QTY: Refill:

OTEZLA® 30mg twice daily (recommended) 30mg daily (for severe renal impairment)
Starter Pack: Two-week Starter Pack Date Prescriber Provided: 28 Day Starter Pack SIG: Take as directed QTY: 55 Refill: 0
Maintenance: SIG: Take one tablet by mouth twice daily QTY: 60 Refill: SIG: Take one tablet by mouth daily QTY: 30 Refill:
If applicable, enroll in Otezla SupportPlus™ If applicable, enroll in Bridge RX Program

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

VIBERZI® 100mg 75mg QTY: 60 Refill:
SIG: Take 1 tablet by mouth twice daily with food.

XIFAXAN® (RIFAXIMIN) 550mg TABLET
SIG: 1 550mg Tab PO TID x 14 Days QTY: 42 Refill:
1 550mg TAB PO BID QTY: 60 Refill:

RELISTOR® 8mg PFS 12mg PFS 150mg TABLET
SIG: QTY: Refill:

LUCEMYRA™ 0.18mg TABLET
SIG: Take 3 tablets (0.54mg) by mouth every 5-6 hours during peak withdrawal symptoms for up to 14 days. QTY: Refill:
Other: QTY: Refill:

PROLIA® 60mg PFS
SIG: Inject 60mg subcutaneously every 6 months QTY: 1 Refill:

EVENITY® 105mg/1.17mL PFS (2-count)
SIG: Inject 210mg (two 105mg PFS) under the skin once monthly for 12 months.
Qty: 2 PFS (1 month) 6 PFS (3 months) Refills:

TYMLOS™ 1.56 mL Prefilled Multi-Dose Pen
SIG: Inject 80mcg subcutaneously once a day
QTY: 1 pen (30 day supply) Refill:

FORTEO® 600MCG/2.4mL
SIG: Inject 20mcg SQ Daily as directed
QTY: 1 pen (4 wk supply) 3 pens (12 wk supply) Refill:

ADVOCATE ULTRA-FINE PEN NEEDLES Short 8mm 31G Mini 5mm 31G
SIG: QTY: 1 Box Refill:

DUEXIS® 800 mg Ibuprofen/26.6 mg Famotidine
SIG: Take 1 tab orally 3x per day QTY: Refill:

VIMOVO® 375 mg/20 mg 500 mg/20 mg
SIG: 1 tablet 2x daily QTY: Refill:

PENNSAID® 2% QTY: Refill:
SIG: 40 mg (2 pump actuations) on each painful knee, 2x daily.

OTHER SIG: QTY: Refill:

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

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