

FAX FORM TO: 1.866.233.8317

PHONE: 1.855.492.0817

EMAIL: [contact@bluegrass-rx.com](mailto:contact@bluegrass-rx.com)

Complete the following or include demographic sheet.

1. PATIENT INFORMATION		2. PRESCRIBER INFORMATION		
Name: _____		Name: _____		
Address: _____		DEA #: _____	NPI #: _____ State Lic. #: _____	
City, State, ZIP: _____		Group or Hospital: _____		
Primary Phone: - - - - -	DOB: / /	Address: _____		
Alternate Phone: - - - - -	Gender: _____	City, State, Zip: _____		
Email: _____		Phone: - - - - -	Fax: - - - - -	
Primary Language: _____	Last Four of SSN: _____	Contact Person: _____ Phone: - - - - -		
3. INSURANCE INFORMATION <span style="float: right; font-weight: normal; font-size: small;">Fax copy of prescription and insurance cards with this form, if available (front and back)</span>				
Primary Insurance Company Name: _____		Secondary Insurance Company Name: _____		
Primary Cardholder Name: _____		Secondary Cardholder Name: _____		
Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent		Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent		
Phone: - - - - -	Member ID: _____	Group #: _____	Phone: - - - - -	
Member ID: _____		Group #: _____		
4. DIAGNOSIS AND MEDICAL NECESSITY				
Needs by Date: / /		Ship to: <input type="radio"/> Patient <input type="radio"/> Office <input type="radio"/> Other:		
Date of Diagnosis: / /		Is patient pregnant? <input type="radio"/> Yes <input type="radio"/> No If yes, due date: / /		
<input type="radio"/> D84.1 Defects in the complement system		Frequency of attacks: _____ Severity of attacks: <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe		
<input type="radio"/> Other: _____		Location of attacks: <input type="radio"/> Facial <input type="radio"/> Laryngeal <input type="radio"/> Abdominal <input type="radio"/> Extremity <input type="radio"/> Urogenital		
Type: <input type="radio"/> Type 1 <input type="radio"/> Type 2 <input type="radio"/> Unknown		Days of incapacitation per year: _____		
Lab Confirmation: <input type="radio"/> C1 level <input type="radio"/> C4 level <input type="radio"/> None		Port? <input type="radio"/> Yes <input type="radio"/> No		
Height (in/cm): _____	Weight (lb/kg): _____	Any anticipated surgeries? <input type="radio"/> Yes <input type="radio"/> No If yes, date: / /		
Date of measurement: / /		Site of care: _____		
Allergies: _____		<input type="radio"/> Physician Office <input type="radio"/> Infusion Clinic <input type="radio"/> Hospital Outpatient <input type="radio"/> Home Health <input type="radio"/> Other:		
Concomitant Medications: _____		<input type="radio"/> Request training for self-infusion <input type="radio"/> Ongoing nursing is required		
5. PRESCRIPTION INFORMATION				
Medication	Dose/Strength	Directions	Quantity	Refills
<input type="radio"/> Firazyr®	30 mg/3 ml <input type="radio"/> 1- syringe pack <input type="radio"/> 3- syringe pack	Inject SQ in abdominal area. If response is inadequate or symptoms recur, additional injections of 30 mg may be administered at 6 hour intervals with a max of 3 doses in 24 hours.		
<input type="radio"/> Berinert (LD)*	(LD)* These are limited distribution drugs that require additional handling. Please call (1.855.492.0817) for more information.			
<input type="radio"/> Cinryze (LD)*				
<input type="radio"/> Kalbitor (LD)*				
<input type="radio"/>				
<input type="radio"/>				

Ancillary supplies and kits will be provided as needed for administration.

6. PRESCRIBER SIGNATURE	
X _____ / / DISPENSE AS WRITTEN DATE	X _____ / / PRODUCT SUBSTITUTION PERMITTED DATE

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address or telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.