2100 New Bern Ave,
Raleigh, NC 27610
P. 855-326-9112 / F. 855-326-9114

Oncology—Prostate & Renal Cell

Prescriber information

Prescriber:	NPI:
Supervising physician:	NPI:
Address:	
Phone:	Fax:
Office contact:	

Patient information

Name:	Sex: ☐ M ☐ F	DOB:	SSN:
Address:	City:	State:	Zip:
Phone:	Emergency contact:	Phone:	
Weight: Height:	Allergies:		
Primary language: ☐ English ☐ Spanish ☐ Other:	Needs interpreter: ☐ Yes ☐ No		

Please include copies of the patient's insurance card or local pharmacy information.

Medical information

Primary diagnosis:	ICD-10:	Date of diagnosis:

Previous therapies:	Duration:	Outcome:

Prescription information

Drug	Strength	Directions	Qty	Refills
☐ Afinitor®	☐ 2.5 mg tablets ☐ 5 mg tablets ☐ 10 mg tablets	Take one tablet by mouth once daily with a full glass of water. Total daily dose: ______ mg	☐ 28 tablets	
☐ Votrient®	200 mg tablets	Take _____ tablet(s) by mouth once daily on an empty stomach. Total daily dose: ______ mg	☐ 28 day supply	
☐ Yonsa®	125 mg tablets	Take _____ tablet(s) by mouth once daily. Total daily dose: ______ mg	☐ 28 day supply	
☐ *Methylprednisolone 4 mg*		*Take one tablet (4 mg) by mouth twice daily with food.*	☐ 28 day supply	
☐ Zytiga®	250 mg tablets	Take _____ tablet(s) by mouth twice daily on an empty stomach. Total daily dose: ______ mg	☐ 28 day supply	
☐ *Prednisone 5 mg*		*Take one tablet (5 mg) by mouth twice daily with food.*	☐ 28 day supply	
☐ Other: ____________________			☐ 28 day supply	

Adjunct therapy options	Directions	Qty	Refills
Anti-androgens ☐ Bicalutamide ☐ Flutamide ☐ Nilutamide			
GnRH analogues ☐ Trelstar® ☐ Zoladex® ☐ Lupron® ☐ Eligard® ☐ Firmagon®			

By signing below I authorize Josefs Pharmacy and its representatives to serve as a prior authorization designated agent in dealing with medical and prescription insurance companies.

Stamp signature not allowed, physician attests this is his/her legal signature.

PHYSICIAN SIGNATURE REQUIRED

______________________________ ______________________________

Dispense as Written / Brand Medically Necessary **Substitution allowed**

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