Oral Oncology

Enexia Specialty
252 Port Richmond Ave,
Staten Island, NY 10302
Phone: 718-556-0942
FAX: 718-360-9655

Today's Date: **Anticipated Start Date:**

PATIENT INFORMATION

First Name:	Last Name:			
Address:	City:		State:	ZIP:
Home Phone:	Work Phone:		Cell Phone:	
DOB: Height:	Weight:	BSA	Allergies:	
Ship Meds to: ☐ Home ☐ Work ☐ Doctor's Office			Email Address:	

INSURANCE INFORMATION

Primary Insurance:		**Pharmacy Benefit Manager (PBM)**:	
Policy #:	Group #:	Insured:	Phone:
Medicare: ☐ Yes ☐ No	If Yes, provide #:	Medicaid: ☐ Yes ☐ No	If Yes, provide #:
Secondary Insurance:			
Policy #:	Group #:	Insured:	Phone:

PHYSICIAN INFORMATION

First Name:	Last Name:				M.D./D.O.
Address:	City:		State:		ZIP:
Phone: Fax:	St Lic #:	NPI #:	DEA #:		UPIN:
Office Contact Name:	Email Address:		Phone:		

DIAGNOSIS:

Primary	ICD 10:	**Secondary**	ICD 10:

PRESCRIPTION (Please select from below and provide approximate days supply.)

Medication	Strength	Directions	Quantity	Refills
☐ Afinitor				
☐ Alkeran				
☐ Cyclophosphamide				
☐ Etoposide				
☐ Gleevec				
☐ Leucovorin				
☐ Methotrexate				
☐ Myleran				
☐ Sprycel				
☐ Targretin				
☐ Tasigna				
☐ Temodar				
☐ Tykerb				
☐ Xeloda				
☐ Votrient				
☐ Zolinza				
Other Medications				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				

Prescriber's Signature (*Required by Law*): **Date:** ____/____/____

Interchange is mandated unless practitioner writes the words "NO SUBSTITUTION" in this space: _____