



Lupron® Enrollment Form

1. PLEASE FILL OUT AND FAX TO: 718-360-9655

Or Call 718-556-0942

Patient Information New Rx Refill

Name: _____ Phone #1: _____ Phone #2: _____
 Address: _____ Allergies: _____ No Known Allergies
 City: _____ ST: _____ Zip: _____ Health Conditions: _____
 Date of Birth (mm/dd/yyyy): ____/____/____ Expected Start Date: ____/____/____

Statement of Medical Necessity

Patient Weight: _____ lbs kg Primary Diagnosis: _____ ICD10Code: _____
 Last Prescribed Date if Patient has used this medication before: ____/____/____ Duration: _____
 Other medications used to treat this condition: _____ Bone density (DEXA) ____% Date completed: ____/____/____
 _____ Date of last negative pregnancy test (if applicable): ____/____/____

Drug Delivery Information If this drug requires Prior Authorization, please send appropriate documentation (notes, test results, etc.)

In Office Delivery Home Delivery for Self Injection/Administration Contact: _____
 Home Delivery for Home Health Administration Phone #: _____
 Other: _____ Address: _____

Insurance Information Complete here or fax a copy of the patient's insurance card (both sides). Medicare card is required.

Primary: _____ Secondary: _____
 Insured: _____ Insured: _____
 ID #: _____ Group #: _____ ID #: _____ Group #: _____
 Phone #: _____ Rx Drug Card #: _____ Phone #: _____ Rx Drug Card #: _____
 Rx Bin #: _____ Rx PCN #: _____ Rx Grp #: _____ Rx Bin #: _____ Rx PCN #: _____ Rx Grp #: _____

Doctor/Prescriber Information NPI # is mandatory. DEA # is required if the prescription is for controlled substances or Medicare/Medicaid.

Name: _____ Office Contact: _____
 Address: _____ NPI #: _____ DEA #: _____
 City: _____ ST: _____ Zip: _____ Phone #: _____ Fax #: _____

2. COMPLETE THE FOLLOWING Rx FORM -OR- TAPE Rx HERE

Rx		Date: ____/____/____
Drug Name/Form/Strength	Directions for Use	
<input type="checkbox"/> Lupron Depot® 3.75mg <input type="checkbox"/> Lupron Depot® 11.25mg	Quantity: _____ Refills: _____	
<input type="checkbox"/> Lupron Depot® 7.5mg <input type="checkbox"/> Lupron Depot® 22.5mg <input type="checkbox"/> Lupron Depot® 30mg		
<input type="checkbox"/> Lupron Depot-PED® 7.5mg <input type="checkbox"/> Lupron Depot-PED® 11.25mg <input type="checkbox"/> Lupron Depot-PED® 15mg		
Other: _____		
X _____ Doctor/Prescriber Signature – Dispense as Written Stamped signatures cannot be accepted	X _____ Doctor/Prescriber Signature – Substitution Permissible Stamped signatures cannot be accepted	