SYNERGEN Rx Specialty Pharmacy

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SYSTEMIC LUNG DISEASES REFERRAL FORM

PATIENT INFORMATION (please attach insurance card)

Name: | ☐ M ☐ F | DoB:

Street: | City: | State: | Zip:

Phone: | Phone: | Allergies:

CLINICAL INFORMATION (please attach clinical notes and labs)

Diagnosis with ICD-10 code

☐ **D86.9** sarcoidosis, unspecified
☐ **J84.112** idiopathic pulmonary fibrosis (IPF)
☐ **J84.9** interstitial lung disease (ILD)
☐ **M05.10** rheumatoid lung disease (RA-ILD)
☐ **M34** systemic sclerosis/scleroderma
☐ **M34.81** systemic sclerosis with lung involvement (SSc-ILD)
☐ **Other**:

ht: _____ in/cm **wt**: _____ lb/kg

Labs & Procedures *(please attach most recent results)*:
☐ CMP ☐ PFTs ☐ HRCT, date:

Current medication(s) with date(s) started:
Prior medication(s) with date(s) of use:

PRESCRIPTION

☐ **DAW** (deliver to ☐ patient ☐ office)

Medication	*Dose/Strength*	*Directions/Sig*	*Quantity*	*Refills*
☐ bosentan	**Tabs:** ☐ 32mg ☐ 62.5mg ☐ 125mg			
☐ cyclosporine, modified (Gengraf, Neoral)	**Caps**: ☐ 25mg ☐ 50mg ☐ 100mg **Soln**: ☐ 100mg/mL			
☐ cyclosporine, non-modified (SandIMMUNE)	**Caps**: ☐ 25mg ☐ 50mg ☐ 100mg **Soln**: ☐ 100mg/mL			
☐ mycophenolate mofetil (Cellcept)	**Caps**: ☐ 250mg **Tabs**: ☐ 500mg			
☐ Ofev	**Caps:** ☐ 100mg ☐ 150mg			
☐ pirfenidone (Esbriet)	**Caps**: ☐ 267mg **Tabs:** ☐ 267mg ☐ 534mg ☐ 801mg			
☐ Pulmozyme	2.5mg/2.5mL inh soln	2.5mg inh ____ times per day		
☐ tobramycin	☐ 300mg/5mL inh soln ☐ 300mg/4mL inh soln ☐ Bethkis 300mg/4mL inh soln PF ☐ Tobi 300mg/5mL inh soln PF ☐ 300mg/5mL inh soln PF ☐ 300mg/4mL inh soln PF	300mg inhaled via nebulizer every 12 hours for 28 days. Stop for 28 days then repeat cycle		
Other:				

PRESCRIBER INFORMATION

Prescriber: | Supervising Physician:

Contact Name: | Contact Method: ☐ Phone ☐ Fax ☐ Email:

Phone: | Ext: | Fax:

Street: | City: | State: | Zip:

Signature: | Date: | NPI:

*By signing this form, I authorize Synergen Rx LLC and its employees to act as authorized agents on behalf of my office to obtain prior authorization through my patient's insurance plan and to facilitate the enrollment of the patient into patient assistance programs with manufacturers and other foundations.