



Multiple Sclerosis Enrollment

SENDERRA

Specialty Pharmacy

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Richardson, TX 75081

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Prescribing Practitioner:	
NPI:	
Address:	
Office:	Fax:
Contact:	

PATIENT INFORMATION

Name:	<input type="checkbox"/> M <input type="checkbox"/> F	DOB: ____/____/____	SS#:
Tel:	Al. Tel:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	Wt.: ____ Ht.: ____
Street:	City:	State:	ZIP:

MEDICAL INFORMATION

Prior Failed Medication(s):	Length of Treatment	Reason for Discontinuing
	____/____/____ - ____/____/____	
	____/____/____ - ____/____/____	

Date of Diagnosis: ____/____/____ G35 Multiple Sclerosis Other: _____ Type: Relapse-remitting Primary-progressive Secondary-progressive Progressive-relapsing	Is this patient nursing or planning pregnancy? Yes No Number of relapses in the past year: _____ Date of last MRI: ____/____/____ Were there any changes with the latest MRI? Yes No	Allergies: _____
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PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY LAB NOTES REGARDING THERAPY

PRESCRIPTION

<input type="checkbox"/> New <input type="checkbox"/> Refill	Ship by: ____/____/____	SHIP TO: <input type="checkbox"/> Patient's Home <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Other: _____
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Drug	Directions & Quantity	Refills
Avonex® Pen Pre-filled Syringe Single-dose vial	Inject 30mcg IM once weekly (Quantity: 4)	
Betaseron® Vial	INITIAL: Weeks 1-2: Inject 0.0625mg/0.25ml SQ every other day (Quantity: 7) Weeks 3-4: Inject 0.125mg/0.50ml SQ every other day (Quantity: 7) Weeks 5-6: Inject 0.1875mg/0.75ml SQ every other day (Quantity: 7) Weeks 7+: Inject 0.25mg/1ml SQ every other day (Quantity: 7) MAINTENANCE: Inject 0.25mg/1ml SQ every other day (Quantity: 14)	
Copaxone® Pre-filled Syringe	Inject 20mg SQ every day (Quantity: 30)	
Extavia® Vial	INITIAL: Weeks 1-2: Inject 0.0625mg/0.25ml SQ every other day (Quantity: 7) Weeks 3-4: Inject 0.125mg/0.50ml SQ every other day (Quantity: 8) Weeks 5-6: Inject 0.1875mg/0.75ml SQ every other day (Quantity: 7) Weeks 7+: Inject 0.25mg/1ml SQ every other day (Quantity: 8) MAINTENANCE: Inject 0.25mg/1ml SQ every other day (Quantity: 15)	
Gilenya™ Capsule	Take 0.5mg PO every day (Quantity: 28)	
Rebif® Titration pack Pre-filled Syringe	INITIAL: 44mcg titration protocol Weeks 1-2: Inject 8.8mcg SQ three times a week (Quantity: 6) Weeks 3-4: Inject 22mcg SQ three times a week (Quantity: 6) MAINTENANCE: Inject 44mcg SQ three times a week (Quantity: 12) INITIAL: 22mcg titration protocol Weeks 1-2: Inject 4.4mcg SQ three times a week (Quantity: 6) Weeks 3-4: Inject 11mcg SQ three times a week (Quantity: 6) MAINTENANCE: Inject 22mcg SQ three times a week (Quantity: 12)	

INJECTION TRAINING

Patient has received pen and injection training Physician's office to provide injection training Senderra Rx to coordinate injection training

PRESCRIBING PRACTITIONER SIGNATURE

To Prescribing Practitioner: By signing this form and utilizing our services, you are also authorizing Senderra Rx to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.

Prescribing Practitioner: _____	Date: ____/____/____
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CONFIDENTIALITY NOTICE

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