

Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy, and cannot fax these referral forms to Senderra.



Osteoarthritis Enrollment

SENDERRA

Specialty Pharmacy Main: 888-777-5547
 1301 E. Arapaho Rd., Ste. 101 Fax: 888-777-5645
 Richardson, TX 75081 E-mail: info@senderrarx.com

Prescribing Practitioner: _____
 NPI: _____
 Tax ID: _____
 Address: _____
 Office: _____ Fax: _____
 Contact: _____

PATIENT INFORMATION

Name: _____ M F DOB: ____/____/____ SS#: ____-____-____
 Tel: _____ Al. Tel: _____ English Spanish Other: _____ Wt.: _____ Ht.: _____
 Street: _____ City: _____ State: _____ ZIP: _____

MEDICAL INFORMATION

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

Date of Diagnosis: ____/____/____ Last X-Ray Date: ____/____/____ Allergies: _____
 M15.0 Osteoarthritis generalized
 M19.90 Osteoarthritis localized primary
 M19.91 Osteoarthritis localized secondary
 Other: _____
 Any changes with the latest X-Ray?
 Yes _____
 No _____

*****PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY LAB NOTES REGARDING THERAPY*****

PRESCRIPTION

Drug	Directions & Quantity	Refills
<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: _____		
Euflexxa® Pre-filled Syringe	Inject 2ml IA into affected knee(s) at weekly intervals for 3 weeks. Bilateral knees (Quantity: 6) Left knee (Quantity: 3) Right knee (Quantity: 3)	
Hyalgan® Pre-filled Syringe Vials	Inject 2ml IA into affected knee(s) at weekly intervals for 5 weeks. Bilateral knees (Quantity: 10) Left knee (Quantity: 5) Right knee (Quantity: 5)	
Orthovisc® Pre-filled Syringe	Inject 2ml IA into affected knee(s) at weekly intervals for 3 weeks. Bilateral knees (Quantity: 6) Left knee (Quantity: 3) Right knee (Quantity: 3) Inject 2ml IA into affected knee(s) at weekly intervals for 4 weeks. Bilateral knees (Quantity: 8) Left knee (Quantity: 4) Right knee (Quantity: 4)	
Supartz FX® Pre-filled Syringe	Inject 2.5ml IA into affected knee(s) at weekly intervals for 3 weeks. Bilateral knees (Quantity: 6) Left knee (Quantity: 3) Right knee (Quantity: 3) Inject 2.5ml IA into affected knee(s) at weekly intervals for 5 weeks. Bilateral knees (Quantity: 10) Left knee (Quantity: 5) Right knee (Quantity: 5)	
Synvisc® Pre-filled Syringe	Inject 2ml IA into affected knee(s) at weekly intervals for 3 weeks. Bilateral knees (Quantity: 6) Left knee (Quantity: 3) Right knee (Quantity: 3)	
Synvisc-One® Pre-filled Syringe	Inject 6ml IA into affected knee(s) as directed. Bilateral knees (Quantity: 2) Left knee (Quantity: 1) Right knee (Quantity: 1)	

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: ____/____/____

CONFIDENTIALITY NOTICE

IMPORTANT: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.