

# Respiratory Enrollment Form

*Patients must bring an original prescription to the pharmacy. Faxed prescriptions will only be accepted from a prescribing practitioner.*

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_ Gender:  Male  Female  
 Email: \_\_\_\_\_  
 Last 4# of SS: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## PRESCRIBER INFORMATION

Name: \_\_\_\_\_  
 State License #: \_\_\_\_\_ NPI #: \_\_\_\_\_  
 DEA #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## INSURANCE INFORMATION Please fax copy of prescription insurance cards with this form (front and back).

PRESCRIPTION

Medication	Dose/Strength	Directions	Qty.	Refills
<input type="checkbox"/> Yupelri (revefenacin)	175 MCG/3ML	Inhale the contents of 1 vial via nebulizer once daily	<input type="checkbox"/> 30 day <input type="checkbox"/> 90 day	
<input type="checkbox"/> Performist (formoterol fumarate)	20 MCG/2ML	Inhale the contents of 1 vial via nebulizer twice daily	<input type="checkbox"/> 30 day <input type="checkbox"/> 90 day	
<input type="checkbox"/> Brovana (arformoterol tartrate)	15 MCG/2ML	Inhale the contents of 1 vial via nebulizer twice daily	<input type="checkbox"/> 30 day <input type="checkbox"/> 90 day	
<input type="checkbox"/> Pulmicort (budesonide)	<input type="checkbox"/> 0.25 MG/2ML <input type="checkbox"/> 0.5 MG/2ML <input type="checkbox"/> 1 MG/2ML	Inhale the contents of 1 vial via nebulizer <input type="checkbox"/> once daily <input type="checkbox"/> twice daily <input type="checkbox"/> three times daily <input type="checkbox"/> four times daily	<input type="checkbox"/> 30 day <input type="checkbox"/> 90 day	
<input type="checkbox"/> Tobramycin	300MG /5ML	Inhale the contents of 1 vial twice daily for 28 days, followed by 28 days off of medication	<input type="checkbox"/> 28 day	
<input type="checkbox"/> Lonhala (glycopyrrolate)	<input type="checkbox"/> 25MCG/ML Starter Kit <input type="checkbox"/> 25MCG/ML Refill Kit	Inhale the contents of 1 vial via Lonhala nebulizer twice daily	<input type="checkbox"/> 30 day <input type="checkbox"/> 90 day	
<input type="checkbox"/> Acetylcystine	20% (200MG/ML)	Inhale _____ ml via nebulizer _____ times daily	<input type="checkbox"/> 30 day <input type="checkbox"/> 90 day	

**The following are "Add-on" only - To be ordered in addition to any medications above**

Nebulizer		Use to nebulize medication	1	
Nebulizer Mask		Use with nebulizer to nebulize medication	1	
Nebulizer Tubing		Use with nebulizer to nebulize medication	1	
<input type="checkbox"/> Albuterol	<input type="checkbox"/> 0.83% (2.5mg/3ml) <input type="checkbox"/> 0.42%(1.25mg/3ml)	Use with nebulizer to nebulize medication	<input type="checkbox"/> 30 day <input type="checkbox"/> 90 day	
<input type="checkbox"/> Albuterol/ipratropium	2.5mg/0.5mg/3ml	Inhale the contents of 1 vial <input type="checkbox"/> once daily <input type="checkbox"/> twice daily <input type="checkbox"/> three times daily <input type="checkbox"/> four times daily (Please circle: Scheduled or PRN)	<input type="checkbox"/> 30 day <input type="checkbox"/> 90 day	
<input type="checkbox"/> Ipratropium	0.02%	Inhale the contents of 1 vial <input type="checkbox"/> once daily <input type="checkbox"/> twice daily <input type="checkbox"/> three times daily <input type="checkbox"/> four times daily (Please circle: Scheduled or PRN)	<input type="checkbox"/> 30 day <input type="checkbox"/> 90 day	

## Diagnosis / Clinical Information

Diagnosis Code (ICD-10): \_\_\_\_\_ **Written diagnosis codes are required on the prescription order**

Shipped to: HOME — OFFICE —

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

**Physician Signature:** \_\_\_\_\_

**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.