

UROLOGY REFERRAL FORM

Phone: 818-390-9696 Toll-free: 855-265-7850 • Fax: 818-804-3492 Toll-free fax: 855-450-6717 • Specialty@medicorx.com

Patient information		Prescriber information	
Name:	DOB:	Prescriber's Name:	
Address: City, State, Zip		NPI#	
		DEA#	Ca. License#
Phone #	Alt#	Address City, State, Zip	
SSN:			
Height:	Wt.:	Phone #	Fax #
Allergies:			
Emergency Contact/ Phone #		Contact Person:	

Clinical Consideration	
Diagnosis (ICD 10) :	
<input type="checkbox"/> C61 Malignant neoplasm of prostate <input type="checkbox"/> N40.1 Enlarged prostate with lower urinary tract symptoms <input type="checkbox"/> N13.8 Other obstructive and reflux uropathy <input type="checkbox"/> R33.9 Retention of urine, unspecified <input type="checkbox"/> R97.2 Elevated prostate specific antigen (PSA) <input type="checkbox"/> R35.0 Frequency of micturition <input type="checkbox"/> N39.0 Urinary tract infection, site unspecified Other (please specify) _____	<input type="checkbox"/> N39.41 Urge incontinence <input type="checkbox"/> N43.40 Spermatocele of epididymis, unspecified <input type="checkbox"/> N31.9 Neuromuscular dysfunction of bladder, unspecified <input type="checkbox"/> C67.9 Malignant neoplasm of bladder, unspecified <input type="checkbox"/> N20.1 Calculus of ureter <input type="checkbox"/> N20.2 Calculus of kidney with calculus of ureter

Medication	Dose/Strength	Directions for Use	Quantity	Refills
Casodex® (Bicalutamide)	<input type="checkbox"/> 50mg tablet	50mg PO every day at the same time		
Mitomycin®	<input type="checkbox"/> 5mg IV <input type="checkbox"/> 20mg IV <input type="checkbox"/> 40mg IV			
Eligard® (Leuprolide)	<input type="checkbox"/> 7.5mg Syr Kit <input type="checkbox"/> 22.5mg Syr Kit <input type="checkbox"/> 30mg Syr Kit <input type="checkbox"/> 45mg Syr Kit			
Lupron® (Leuprolide)	<input type="checkbox"/> 7.5mg Syr Kit <input type="checkbox"/> 22.5mg Syr Kit <input type="checkbox"/> 30mg Syr Kit <input type="checkbox"/> 45mg Syr Kit			
Zoladex® (Goserelin)	<input type="checkbox"/> 3.6mg Implant Syr <input type="checkbox"/> 10.8mg Implant Syr			
Trelstar® (Triptorelin Pam)	<input type="checkbox"/> 3.75mg Syr <input type="checkbox"/> 11.25mg Syr <input type="checkbox"/> 22.5mg Syr			
Zytiga® (Abiraterone)	<input type="checkbox"/> 250mg Tablet <input type="checkbox"/> 500mg Tablet	<input type="checkbox"/> 1000mg PO Q day		
OTHER				

By signing this form, I authorize MedicoRX and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so release clinical information via phone to the appropriate third-party payer.