



214 E. Fulton St. Grand Rapids, MI 49503  
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**Aranesp, Epogen,  
 Neulasta, Neupogen,  
 Procrit**

**Patient Information**

Date: \_\_\_\_\_ Patient SS#: \_\_\_\_\_  Male  Female  
 Patient's First Name: \_\_\_\_\_ Patient's Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ kgs or lbs (circle one) Recorded Date: \_\_\_\_\_  
 Caregiver: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Insurance Information (fill out entirely OR fax copy of patient's insurance card - both sides)**

Employer: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_  
 Insured: \_\_\_\_\_ Insured: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Medication**

MEDICATION	DOSE	ROUTE	FREQUENCY	LENGTH	CYCLE	REFILLS
<input type="checkbox"/> Aranesp	_____	_____	_____	_____	_____	# ___ X ___ MONTHS
<input type="checkbox"/> Epogen	_____	_____	_____	_____	_____	# ___ X ___ MONTHS
<input type="checkbox"/> Neulasta	_____	_____	_____	_____	_____	# ___ X ___ MONTHS
<input type="checkbox"/> Neupogen	_____	_____	_____	_____	_____	# ___ X ___ MONTHS
<input type="checkbox"/> Procrit	_____	_____	_____	_____	_____	# ___ X ___ MONTHS
<input type="checkbox"/> _____	_____	_____	_____	_____	_____	# ___ X ___ MONTHS

PRIMARY DIAGNOSIS CODE: \_\_\_\_\_ SECONDARY DX CODE: \_\_\_\_\_  
 ADDITIONAL NOTES:  
 \_\_\_\_\_  
 \_\_\_\_\_

**HEALTH PLAN or PBM Authorization Number (if required)**  
 \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date Shipment Needed: \_\_\_\_\_ Ship to: \_\_\_\_\_ Patient \_\_\_\_\_ Physician/Clinic  
 Ship to Other: \_\_\_\_\_  
 Physician's Name (please print): \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ NPI #: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physician's Signature: \_\_\_\_\_ DEA #: \_\_\_\_\_  
 I authorize Diplomat Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.