

Patient Information

Last Name		Middle Name		First Name	
Address			City		State
SSN			DOB		Home Phone
Allergies			Diagnosis		
Insurance Provider					
ID		Group Number		BIN	PCN
Deliver To	<input type="radio"/> Patient's Home <input type="radio"/> Prescriber's Office <input type="radio"/> Patient Will Pickup <input type="radio"/> Initial to Prescriber, then Patient's Home				
Previous Treatment(s)					
TB Test Date			TB Test Date		

Prescriber Information

Name		Practice	
Phone Number		NPI	
Send Updates To	<input type="radio"/> Email <input type="radio"/> Phone		<input type="radio"/> Fax

Prescription Order

E-Prescribing: Use NCPDP: 5715264 and NPI: 1710228085 (Solera Specialty Pharmacy)

Medication	Strength	Sig	Qty	Refills
<input type="radio"/> Cimzia <small>(certolizumab pegol)</small>	<input type="radio"/> 6 x 200mg PFS Start Kit <input type="radio"/> 200mg PFS	<input type="radio"/> Induction Inject 400mg subcutaneously at weeks 0, 2, and 4 <input type="radio"/> Maintenance Inject 400mg subcutaneously every 4 weeks	28 Day Supply	
<input type="radio"/> Dificid <small>(fidaxomicin)</small>	<input type="radio"/> 200mg	<input type="radio"/> Take one tablet twice a day		
<input type="radio"/> Humira Crohn's Starter Pack <small>(adalimumab)</small>	<input type="radio"/> 6 x 40mg Pen	<input type="radio"/> Inject subcutaneously 160 mg on Day 1 (4x 40 mg injection on Day 1 or 2x 40 mg injection x2 days) then 80 mg (2x 40 mg) injection on Day 15	28 Day Supply	
<input type="radio"/> Humira <small>(adalimumab)</small>	<input type="radio"/> 40mg Pen <input type="radio"/> 40mg Syringe	<input type="radio"/> Inject 40 mg subcutaneously every 2 weeks	28 Day Supply	
<input type="radio"/> Simponi <small>(golimumab)</small>	<input type="radio"/> 50mg/0.5ml PFS <input type="radio"/> 50mg/0.5ml Smartject	<input type="radio"/> Inject 200mg subcutaneously at Day 1, 100mg at Day 14, then inject 200mg subcutaneously every 4 weeks	28 Day Supply	
<input type="radio"/> Stelara <small>(ustekinumab)</small>	<input type="radio"/> 90mg	<input type="radio"/> Inject 90mg subcutaneously every 8 weeks	56 Day Supply	
<input type="radio"/> Xifaxan <small>(rifaximin)</small>	<input type="radio"/> 550mg	<input type="radio"/> Take one tablet by mouth three times a day	14 Day Supply	
<input type="radio"/> Other:				

Prescriber's Name

Signature

Date

I authorize the pharmacy to enroll the patient in manufacturer and third party programs which may provide additional benefit to myself related to the patients prescribed drug therapy. Furthermore, I authorize the pharmacy to disclose the minimum necessary information required to enroll the patient in such programs, and coordinate benefits as deemed necessary by the pharmacy for final delivery of the product.

Your Prescription Has Been Sent to Solera Specialty Pharmacy and You Will Receive Free Home Delivery!

You may receive a phone call shortly from Solera Specialty Pharmacy (954 area code). The pharmacy will ask you some basic information such as address, prescription insurance coverage and copayment method. They will also answer any questions you may have about this medication.

If you have any questions, please contact Solera Specialty Pharmacy directly at **954.615.1840** or **877.712.7864**
 Solera Specialty Pharmacy | 2100 Park Central Blvd N, Ste 300, Pompano Beach, Florida 33064 | www.solerarx.com