

ONCOLOGY PRESCRIPTION FORM

Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy. Prescribers are reminded patients may choose any pharmacy of their choice.

altScripts Specialty Pharmacy
 1636 Miller Park Way, West Milwaukee, WI 53214
 Phone: 414-385-9500 Fax: 414-385-7200
 altScripts.com



Patient Information: please provide a copy of the patient's insurance card or information

Patient Name:		DOB:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	HT:	WT:
Address:		City:	State:	Zip Code:	Phone:
Insurance:	Subscriber's name:	ID#:		Group #:	

Allergies: NKDA List allergies:

Oral Oncolytics

ICD-10:			Diagnosis:
<input type="checkbox"/> Afinitor (everolimus)	<input type="checkbox"/> Jadenu (deferasirox)	<input type="checkbox"/> Tafinlar (dabrafenib)	Dose/QTY/Directions:
<input type="checkbox"/> Arimidex (anastrozole)	<input type="checkbox"/> Keytruda (pembrolizumab)	<input type="checkbox"/> Targretin (bexarotene)	
<input type="checkbox"/> Aromasin (exemestane)	<input type="checkbox"/> Kisqali (ribociclib)	<input type="checkbox"/> Tasigna (nilotinib)	
<input type="checkbox"/> Cometriq (cabozantinib)	<input type="checkbox"/> Mekinist (trametinib)	<input type="checkbox"/> Temodar (temozolomide)	
<input type="checkbox"/> Farydak (panobinostat)	<input type="checkbox"/> Ninlaro (ixazomib)	<input type="checkbox"/> Tykerb (lapatinib)	
<input type="checkbox"/> Femara (letrozole)	<input type="checkbox"/> Nolvadex (tamoxifen)	<input type="checkbox"/> Votrient (pazopanib)	
<input type="checkbox"/> Gleevec (imatinib)	<input type="checkbox"/> Promacta (eltrombopag)	<input type="checkbox"/> Xeloda (capecitabine)	
<input type="checkbox"/> Herceptin (trastuzumab)	<input type="checkbox"/> Sandostatin (octreotide acetate)	<input type="checkbox"/> Zykadia (ceritinib)	
<input type="checkbox"/> Hycamtin (topotecan)	<input type="checkbox"/> Sprycel (dasatinib)	<input type="checkbox"/> Zytiga (abiraterone acetate)	

Ancillary Medications

<input type="checkbox"/> Aranesp (darbepoetin alfa)	<input type="checkbox"/> Neupogen (filgrastim)	Dose/QTY/Directions:
<input type="checkbox"/> Arixtra (fondaparinux)	<input type="checkbox"/> Neulasta (pegfilgrastim)	
<input type="checkbox"/> Ativan (lorazepam)	<input type="checkbox"/> Prednisone	
<input type="checkbox"/> Benadryl (diphenhydramine)	<input type="checkbox"/> Procrit (epoetin alfa)	
<input type="checkbox"/> Caphasol	<input type="checkbox"/> Sancuso (granisetron)	
<input type="checkbox"/> Emend (aprepitant)	<input type="checkbox"/> Zofran (ondansetron)	
<input type="checkbox"/> Lovenox (enoxaparin)	<input type="checkbox"/> Other:	Refills:

Prescriber Information

Prescriber name:		Phone:	Office contact name:	
Prescriber address:		City:	State:	Zip:
NPI:	DEA:	Fax and/or Email:		
Prescriber signature:		Date Written:	<input type="checkbox"/> DO NOT SUBSTITUTE	

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