

# 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: <input type="checkbox"/> NKDA <input type="checkbox"/> List allergies:				
Oral Oncolytics				
ICD-10:			Diagnosis:	
<input type="checkbox"/> Afinitor (everolimus)	<input type="checkbox"/> Herceptin (trastuzumab)	<input type="checkbox"/> Ninlaro (ixazomib)	<input type="checkbox"/> Tassigna (nilotinib)	Dose/QTY/Directions:
<input type="checkbox"/> Arimidex (anastrozole)	<input type="checkbox"/> Hycamtin (topotecan)	<input type="checkbox"/> Piqray (alpelisib)	<input type="checkbox"/> Temodar (temozolomide)	
<input type="checkbox"/> Aromasin (exemestane)	<input type="checkbox"/> Inrebic (fedratinib)	<input type="checkbox"/> Promacta (eltrombopag)	<input type="checkbox"/> Tykerb (lapatinib)	
<input type="checkbox"/> Cometriq (cabozantinib)	<input type="checkbox"/> Jadenu (deferasirox)	<input type="checkbox"/> Sandostatin (octreotide acetate)	<input type="checkbox"/> Votrient (pazopanib)	
<input type="checkbox"/> Farydak (panobinostat)	<input type="checkbox"/> Keytruda (pembrolizumab)	<input type="checkbox"/> Sprycel (dasatinib)	<input type="checkbox"/> Xeloda (capecitabine)	
<input type="checkbox"/> Femara (letrozole)	<input type="checkbox"/> Kisqali (ribociclib)	<input type="checkbox"/> Tafenlar (dabrafenib)	<input type="checkbox"/> Zykadia (ceritinib)	Refills:
<input type="checkbox"/> Gleevec (imatinib)	<input type="checkbox"/> Mekinist (trametinib)	<input type="checkbox"/> Targretin (bexarotene)	<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)	Refills:		
<input type="checkbox"/> Lovenox (enoxaparin)	<input type="checkbox"/> Other:			
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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