

FAX FORM TO: 1.877.597.3070

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Complete the following or include demographic sheet.

1. PATIENT INFORMATION		2. PRESCRIBER INFORMATION	
Name: _____		Name: _____	
Address: _____		DEA #: _____	NPI #: _____ State Lic. #: _____
City, State, ZIP: _____		Group or Hospital: _____	
Primary Phone: - - - - -	DOB: / /	Address: _____	
Alternate Phone: - - - - -	Gender: _____	City, State, Zip: _____	
Email: _____		Phone: - - - - -	Fax: - - - - -
Primary Language: _____	Last Four of SSN: _____	Contact Person: _____ Phone: - - - - -	

**3. INSURANCE INFORMATION** *Fax copy of prescription and insurance cards with this form, if available (front and back)*

Primary Insurance Company Name: _____	Secondary Insurance Company Name: _____
Primary Cardholder Name: _____	Secondary Cardholder Name: _____
Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent	Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent
Phone: - - - - - Member ID: _____ Group #: _____	Phone: - - - - - Member ID: _____ Group #: _____

**4. DIAGNOSIS AND CLINICAL INFORMATION**

Needs by Date: / / Ship to:  Patient  Office  Other:

DIAGNOSIS	EPOETIN CONVERSION FOR ADULTS			
	Once-a-week darbepoetin dosing conversion to 2-3 times a week		Every-other-week darbepoetin dosing conversion to once a week	
Date of Diagnosis: / /	Darbepoetin dose (once a week)	Epoetin total dose for one week	Darbepoetin dose (every other week)	Epoetin total combined dose for two weeks
<input type="radio"/> D63.1 Anemia in chronic kidney disease	6.25 mcg	→ <1,500u	6.25 mcg	→ <1,500u
<input type="radio"/> _____ Anemia in cancer patients receiving chemotherapy	12.5 mcg	→ 2,500-4,999u	12.5 mcg	→ 2,500-4,999u
Type of Cancer: _____	25 mcg	→ 5,000-10,999u	25 mcg	→ 5,000-10,999u
<input type="radio"/> Other: _____	40 mcg	→ 11,000-17,999u	40 mcg	→ 11,000-17,999u
Height (in/cm): _____ Weight (lb/kg): _____	60 mcg	→ 18,000-33,999u	60 mcg	→ 18,000-33,999u
Date Drawn: / /	100 mcg	→ 34,000-89,999u	100 mcg	→ 34,000-89,999u
<b>LAB DATA</b>	200 mcg	→ >90,000u	200 mcg	→ >90,000u
Date Drawn: / /	Specialty pharmacy to coordinate injection training/home health nurse as necessary:			
Hct: _____ Hgb: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Injection training not necessary			
GFR (mL/min): _____ Serum iron (Fe): _____	Reason: <input type="radio"/> MD office trained patient <input type="radio"/> Patient already independent <input type="radio"/> Referred by MD office to alternate trainer			
Allergies: _____				
Concomitant Medications: _____				

**5. PRESCRIPTION INFORMATION**

Medication	Dose/Strength	Directions	Quantity	Refills
<input type="radio"/> Procrit <i>epoetin alfa</i>	<input type="radio"/> 10,000 unit/ml (single-dose vial) <input type="radio"/> 10,000 units/ml - 2 ml vial (multi-dose vial) <input type="radio"/> 20,000 units/ml - 1 ml vial (multi-dose vial) <input type="radio"/> 40,000 units/ml (single-dose vial) <input type="radio"/> 2,000 units/ml (single-dose vial) <input type="radio"/> 3,000 units/ml (single-dose vial) <input type="radio"/> 4,000 units/ml (single-dose vial) <input type="radio"/>	<input type="radio"/> Single-dose vial: Inject the entire contents of 1 vial subcutaneously. <input type="radio"/> Once a week <input type="radio"/> 3 times a week <input type="radio"/> Other: <input type="radio"/> Multi-dose vial: Inject _____ ml ( _____ units) subcutaneously <input type="radio"/> Once a week <input type="radio"/> 3 times a week <input type="radio"/> Other		
<input type="radio"/>				

Ancillary supplies and kits will be provided as needed for administration.

**6. PRESCRIBER SIGNATURE**

X \_\_\_\_\_ / / X \_\_\_\_\_ / /  
 DISPENSE AS WRITTEN DATE PRODUCT SUBSTITUTION PERMITTED DATE

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address or telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.