

**For Physician's Office - Injectable Drug Replacement / Request Form**

Fax to Pharmacy Services at **888-981-5202**, or call **866-610-2774** to speak to a representative. **Form must be completed for processing**

Patient's Name: \_\_\_\_\_

Patient ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Apt # or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs = \_\_\_\_\_ Kg

Birth Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_

Apt # or Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E Mail: \_\_\_\_\_

To be Administered from (on): \_\_\_\_\_ to \_\_\_\_\_ or was administered on: \_\_\_\_\_ to be replaced to physician's office.

Drug Name (see below): \_\_\_\_\_

Sig (How Administered): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-9 Diagnosis Code: \_\_\_\_\_

Justification for use (add attachment if necessary) \_\_\_\_\_

Physician Antibiotics	Strength	Steroids	Strength
Ampicillin Sodium	500mg	Aristospan Parenteral	20mg/mL, 1mL
Ampicillin Sodium,	1g	Aristospan Intralesional	5mg/mL, 5mL
Ampicillin Sodium,	2g	Celestone Soluspan	3-3mg/mL, 5mL vial,
Ampicillin Sodium	250mg	Decadron LA	8mg/mL, 1mL
Bicillin LA	300,000u/ml 10mL	Decadron w/ Xylocaine	4-10mg/mL, 5mL vial,
Bicillin LA	1.2mu/2mL	Depo-Medrol	40mg/mL , 1mL
Bicillin LA	2.4mu/4mL	Depo-Medrol	80mg/mL, 1mL
Bicillin C-R	1.2mu/2mL	Methylprednisolone Sod. Suc.	40mg/mL, 1mL
Bicillin C-R	2.4mu/4mL	Prednisolone Tebutate (TBA)	20mg/mL,10mL
Cefazolin Sodium	500mg	Triamcinolone Acetonide	40mg/ml, 1mL,
Cefazolin Sodium	1g	Hormones	Strength
Gentamycin	10mg/ml, 2mL	Depo-Testosterone	100mg/mL, 10mL
Gentamycin	40mg/mg, 2mL	Depo-Testosterone	200mg/mL, 1mL
Gentamycin	40mg/mL, 20 mL	Depo-Estradiol	5mg/mL, 5mL
Pen G Potassium	5mu/ vial,	Estrone Aqueous	5mg/mL 10mL
Rocephin	250mg	Nandrolone Decanoate	50mg/mL, 2mL
Rocephin	500mg	Nandrolone Decanoate	100mg/mL, 2mL
Rocephin	1g	Nandrolone Decanoate	200mg/mL, 1mL
Rocephin	2mg	Miscellaneous	Strength
Tobramycin	40mg/mL, 2mL,	Calcitonin Salmon	200mcg/mL, 2mL
Tobramycin	10mg/mL, 30mL,	Cyanocobalamin	1000mg/mL, 1mL,
Vancomycin HCl	500mg	Dicyclomine	10mg/mL, 2mL
Vancomycin HCl	1g	<b>Other (Write in):</b>	
Arthritis Treatment	Strength		
Methotrexate Sodium	25mg/mL, 2mL		

**Deliver to:**

Member's Home  Physician's Office  Member's Preferred Pharmacy (Name/Phone#): \_\_\_\_\_

I acknowledge that the member agrees with the pharmacy chosen for delivery of this medication.

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_