



# CareMed

Pharmaceutical Services

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# TransplantCare Prescription Form

OncoCare

NeuroCare

HemaCare

RheumaCare

HepaCare



### Patient Information

Last Name	First Name	SSN	DOB
Home Address	City	State	Zip
Home Phone	Work Phone	Parent/Guardian	
Shipping Address	City	State	Zip

### Pharmacy Insurance Information

Primary Insurance:	Rx Bin:	Secondary Insurance:	Rx Bin:
ID Number:	Group Number:	ID Number:	Group Number:

### Physician Information

Prescriber Name:	Licence:	DEA:	Office Contact:
Address:	City:	State:	Zip:
		Phone:	Fax:

### Diagnoses Information

Primary Dx:	ICD-9:	Secondary Dx:	ICD-9:
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### Medications (You may tape Prescriptions here prior to faxing)

#### Immunosuppressants

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Prograf				
<input type="checkbox"/> Gengraf				
<input type="checkbox"/> Neoral				
<input type="checkbox"/> Sandimmune				
<input type="checkbox"/> Cellcept				
<input type="checkbox"/> Myfortic				
<input type="checkbox"/>				

#### Corticosteroids

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Prednisone				
<input type="checkbox"/>				

#### Antivirals

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Acyclovir				
<input type="checkbox"/> Gancyclovir				
<input type="checkbox"/> Valcyte				
<input type="checkbox"/>				

#### Antibiotics

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Septra/Bactrim	SS			
<input type="checkbox"/>				

#### Antifungals

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Noxafil				
<input type="checkbox"/> Nystatin Susp				
<input type="checkbox"/> Mycelex Troche				
<input type="checkbox"/> Nystatin Vaginal				
<input type="checkbox"/>				
<input type="checkbox"/>				

#### Gastric Agents

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Pepcid				
<input type="checkbox"/> Tagamet				
<input type="checkbox"/> Zantac				
<input type="checkbox"/> Protonix				
<input type="checkbox"/> Prilosec				
<input type="checkbox"/> Nexium				
<input type="checkbox"/>				

#### Hypertension Agents

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Metoprolol				
<input type="checkbox"/> Labetalol				
<input type="checkbox"/> Norvasc				
<input type="checkbox"/> Diltiazem				
<input type="checkbox"/>				

#### Additional Medications

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Citracal +D				
<input type="checkbox"/> Colace				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

All orders are sent with a BP Cuff, Thermometer, Pill Cutter, and Pill Box

### Delivery Information

Today's Date:	Needed by:	Deliver to: <input type="checkbox"/> Patient's Home <input type="checkbox"/> MD Office/Clinic <input type="checkbox"/> Patient's Work <input type="checkbox"/> Other:
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## PRESCRIBER'S SIGNATURE REQUIRED

MD / NP / PA Signature: \_\_\_\_\_