# BLEEDING DISORDERS REFERRAL FORM

Elwyn SPECIALTY CARE Rx
Part of The Elwyn Pharmacy Group
*Dedicated to Improving Our Patients' Health*

3070 McCann Farm Drive | Suite 101
Garnet Valley, PA 19060
TEL: 610-545-6040 | FAX: 610-545-6030
Toll Free: 866-317-0672

Today's Date

☐ **CURRENT PATIENT**
☐ **NEW PATIENT**

Patient Name _____ SS# _____ DOB _____
Address _____ Apt # _____ ☐ Male ☐ Female
City _____ State _____ Zip _____ Daytime Tel _____ Cell _____
Email _____
Ship to Patient at ☐ Home ☐ Work OR Patient will pick up at ☐ Physician Office ☐ Pharmacy Date Needed _____

☐ D66 Hereditary Factor VIII Deficiency
☐ D68.1 Hereditary Factor XI Deficiency
☐ D68.0 von Willebrand Disease
☐ D68.9 Coagulation Defect, Unspecified
☐ D67 Hereditary Factor IX Deficiency
☐ D68.2 Hereditary Deficiency of other Clotting Factors
☐ D68.4 Acquired Coagulation Factor Deficiency
☐ Other ICD-10 _____

Description _____
Baseline factor percent _____ Target joint(s) ☐ No ☐ Yes _____ Inhibitor: ☐ No ☐ History ☐ Current _____BU/mL
Inhibitor protocol _____
DNR/Advance directive status: ☐ Received ☐ N/A Hep B, Hep C, HIV or TB positive? (circle) Date chest x-ray _____
Allergies _____ Comorbidities _____
Current Medications (if necessary, please fax a complete list) _____
Vascular access: ☐ Peripheral ☐ Port ☐ Other Weight _____ ☐ kg ☐ lbs Height _____ ☐ cm ☐ in

Insured's Name _____ Relation to Patient _____
Eligible for Medicare ☐ Yes ☐ No If yes, Medicare# _____ Prescription Card ☐ Yes ☐ No If Yes, Carrier _____
Tel _____ Fax _____ Policy/Group# _____
Bin# _____ Pcn# _____ RXID# _____ RX Group# _____

Prescriber's Name _____ Office Contact _____
Street Address _____ Suite# _____ City _____ State _____ Zip _____
Tel _____ Fax _____ Email _____
License# _____ NPI# _____ UPIN# _____ DEA# _____

## PRESCRIPTION

**PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS**

☐ EpiPen Adult (0.3 mg) as directed for reactions, qty:1 ☐ EpiPen Jr (0.15 mg) as directed for reactions, qty:1

**Factor VIII recombinant:** ☐ Advate ☐ Helixate FS ☐ Kogenate FS ☐ Recombinate ☐ Xyntha ☐ Other: _____
Plasma derived: ☐ Hemofil M ☐ Monoclate-P ☐ Other _____
Approximate units and directions: _____ Dispense qty: _____ Refills: _____

**Factor VIII and von Willebrand plasma derived:** ☐ Alphanate ☐ Humate-P ☐ Koate-DVI ☐ Wilate ☐ Other: _____
Approximate units ☐ VWF ☐ Factor VIII and directions: _____ Dispense qty: _____ Refills: _____

**Factor IX recombinant:** ☐ BeneFix ☐ Alprolix ☐ Rixubis ☐ Other _____
Plasma derived: ☐ AlphaNine SD ☐ Mononine ☐ Other: _____
Approximate units and directions: _____ Dispense qty: _____ Refills: _____

**Factor VII recombinant:** ☐ NovoSeven RT ☐ Other _____
Dose (mg) and direction: _____ Dispense qty: _____ Refills: _____

**Activated Prothrombin Complex Concentrates plasma derived:** ☐ Feiba VH ☐ Other _____
Approximate units and directions: _____ Dispense qty: _____ Refills: _____

**Prothrombin Complex Concentrates plasma derived:** ☐ Bebulin VH ☐ Profilnine SD ☐ Other
Approximate units and directions: _____ Dispense qty: _____ Refills: _____

**Stimate** 1 spray in ☐ one nostril ☐ each nostril _____ Dispense qty: _____ Refills: _____

**Amicar** ☐ syrup ☐ 500/1000 mg tab Dose and directions: _____ Dispense qty: _____ Refills: _____

**Other** (continuous infusion, Rituxan. vancomycin, etc): _____

**Line care:** ☐ Sodium chloride 0.9% 5-10ml ☐ 3-5 ml Heparin (☐ 10 units/ml ☐ 100 units/ml) ☐ Other: _____
☐ Apply 30-60 minutes prior to access (☐ Emla 30 gram ☐ LMX 30 gram) ☐ Other: _____
**Nursing orders:** ☐ Skilled nurse to infuse/teach mixing infusion, self-monitoring, other aspects of care _____
Lab orders: _____
Supplies: ☐ All infusion and prevention supplies as needed and/or: _____

By signing this form and utilizing our services, you are authorizing Elwyn Specialty Care and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

**Prescriber's Signature** (signature required. NO STAMPS) _____ **Date** _____



Please fax completed referral form to **Elwyn Specialty Care** at **610-545-6030** Visit **www.ELWYNSPECIALTYCARE.com** for online fillable forms.