Ophthalmic Prescription/Pharmacy Intake Form

Walgreens

Phone: 888-347-3416 **Fax:** 866-586-7804

PATIENT INFORMATION ☐ NEW TO THERAPY ☐ THERAPY CONTINUATION

Patient's Name: _____ ☐ M ☐ F

Patient's Social Security Number: _____ DOB: _____

Patient's Address: _____

City/State/Zip: _____

☐ **DELIVER MEDICATION TO PHYSICIAN'S OFFICE**

☐ **DELIVER MEDICATION TO Other** **Phone Number:** _____

Daytime Phone: (_____) _____

Evening Phone: (_____) _____

Cell Phone: (_____) _____

PCP Name: _____

PCP Phone: _____

Patient's Scheduled Appointment Date: _____ **Date Delivery Needed:** _____ **Delivery Day Preference:** ☐ T ☐ W ☐ Th ☐ F

INSURANCE INFORMATION (Please include copy of front & back of insurance card if possible):

Provider/Plan: _____ Phone Number: _____

Patient's I.D. Number: _____ Patient's Group Number: _____

Policyholder's Name (if not patient): _____ DOB: _____ Social Security Number: _____

Secondary Insurance: _____ Phone Number: _____

Patient's I.D. Number: _____ Patient's Group Number: _____

Policyholder's Name (if not patient): _____ DOB: _____ Social Security Number: _____

CLINICAL CRITERIA **REQUIRED** Please check all that apply

Diagnosis Code: _____

Affected eye: ☐ Left eye ☐ Right eye ☐ Both eyes

Medication	Form	Strength/Dose	Qty	Directions/Frequency	Refills
Eylea®	SDV	☐ 2mg/0.05ml			
Jetrea®	SDV	☐ 1.25mg/ml			
Iluvien®	Implant	☐ 0.19 mg			
Lucentis®	Vial	☐ **0.3mg/0.05ml*** ☐ 0.5mg/0.05ml			
	PFS	☐ 0.5mg/0.05ml			
Ozurdex®	Implant	☐ 0.7mg			
Triesence®	Vial	☐ 40mg/ml			
Visudyne®	Vial	☐ 15mg			

* Only for Certain diagnosis(Diabetic Macular Edema) E11.311

Prescriber's Name: _____ **Office Contact**: _____

Practice Name: _____ Address _____

City _____ State _____ Zip _____ Phone _____ Fax: _____

State License # _____ DEA# _____ Physician NPI # _____

Prescriber's Signature: _____ **Date:** _____

☐ **Substitution Permissible M.D.*** In order for a brand name product to be dispensed, the prescriber must handwrite 'BRAND NECESSARY' or "BRAND MEDICALLY NECESSARY" in the space provided _____

*as appropriate

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