



Patient Information

Last Name		First Name		<input type="checkbox"/> Home Phone		<input type="checkbox"/> Mobile Phone		<input type="checkbox"/> Email Address	
Home Address					City		State		ZIP
Temporary Address or Shipping Address (if different from above)					City		State		ZIP
Social Security Number		Date of Birth	Gender (M/F)	Weight	Height	Diagnosis/Transplant Type			
Special Instructions (language preference, etc.)				Allergies			Date of Transplant		
Primary Caregiver/Phone					Emergency Contact/Phone				

Healthcare Provider Information: *Indicates Required Field

Practice/Facility Name			Physician First and Last Name*			Phone*		Fax	
Address*					City*		State*		ZIP*
Physician NPI#*		Physician UPIN#		Physician DEA#		Physician State License #			
Nurse/Key Contact				Phone or Pager Number			Email		

Insurance Information

Primary Insurance		Phone	Name/SSN of Insured		ID Number		Group Number	
Secondary Insurance		Phone	Name/SSN of Insured		ID Number		Group Number	
Other Insurance/Prescription Drug Vendor (Rx Bin #)								

Transplant Information

Today's Date	Date Admitted	Discharge Date	Date Meds Needed	Special Instructions				
--------------	---------------	----------------	------------------	----------------------	--	--	--	--

Medication	Dose/Strength	Sig	Qty.	Refills
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

*****When sending a referral please include all clinical information relevant to performing a prior authorization and copies of patient's insurance cards*****

Physician Signature: _____ **DAW (Dispense as Written) Date** ____/____/____
I authorize Amber Pharmacy and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so, to release clinical information via phone to the appropriate third party payer.

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately at the address and telephone number set forth herein and obtain instructions as to proper destruction of the transmitted material.