



GASTROENTEROLOGY REFERRAL FORM

Date Needed _____

26611 Cabot Road Suite B | Laguna Hills CA 92653
Ph 949-348-7900 | Toll Free 800-464-7736 | Fax 949-348-7920
NPI# 1922103142 NABP# 0547185
info@aps-rx.net APS-rx.net



- Phone Order
Ship to Patient:
Home Work
Ship to:
Physician Office
Nurse / Training
APS Pharmacy

Patient Name, Address, Telephone, Allergies, Primary Insurance, Insured's Name, City, State, Phone, Date of Birth, Apt #, City, State, Zip, Male, Female, ID#, Group #, Employer, Phone

ICD-10 Diagnosis Code, Patient currently on therapy?, Will patient stop taking the medication(s) before starting the new medication?, If yes, how long should patient wait before starting the new medication?, Current medications patient (including OTC) with dosage and direction (or fax medication), Previously treated for this condition?, PPD (TB Test)

PRESCRIPTION PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

Grid of prescription options including HUMIRA, SIMPONI, MAVYRET, DAKLINZA, TECHNIVIE, RIBAVIRIN, HARVONI, SOVALDI, STELARA, CIMZIA, BARACLUDE, HEPSERA, VEMLIDY, VIREAD, and XIFAXAN. Includes dosage, quantity, and refill information for each.

Prescriber's Name / Practice, Address, Tel, License#, Office Contact, Suite#, City, State, Zip, Email, UPIN#, DEA#, Prescriber's Signature, Date