



ENDOCRINOLOGY REFERRAL FORM

Date Needed _____

26611 Cabot Road Suite B | Laguna Hills CA 92653
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NPI# 1922103142 NABP# 0547185

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

Patient Name, Address, Telephone, Allergies, Date of Birth, Apt #, City, State, Zip, Comorbidities

Primary Insurance, RxBIN, Member ID Number, Member Services Number, Provider Services Number

ICD-10 Diagnosis Code, Medication(s) failed, Patient currently on therapy, Current medications patient

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

TYMLOS 1.56 mL Prefilled Multi-Dose Pen

XULTOPHY 100/3.6

FORTEO 600MCG/2.4mL

PROLIA 60MG PFS

RECLAST 5MG/100mL Vial

THYROGEN (THYROTROPIN ALFA FOR INJECTION)

CORTROSYN (COSYNTROPIN FOR INJECTION)

ANDRODERM, ANDROGEL, AXIRON, FORTESTA, TESTIM, TESTOSTERONE CYPIONATE, TESTOSTERONE ENANTHATE

HUMAN GROWTH HORMONES: GENOTROPIN, HUMATROPE, NORDITROPIN, SAIZEN

LONG ACTING INSULIN: LANTUS, TOUJEO, LEVEMIR, TRESIBA

RAPID-ACTING INSULIN: HUMALOG, NOVOLOC, APIDRA

GLP-1 AGONIST: VICTOZA, BYDUREON, BYETTA, TRULICITY, TANZEUM

BD ULTRA-FINE PEN NEEDLES: Short 8mm, Mini 5mm

WEIGHT MANAGEMENT: SAXENDA, BELVIO, CONTRAVE, QSYMIA

PLEASE LIST ANCILLARY SUPPLIES IF NEEDED

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

Prescriber's Signature, Date

LEGAL NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged, proprietary or exempt from disclosure under applicable law.