BLUEGRASS PHARMACY | LYSOSOMAL STORAGE DISORDERS ENROLLMENT FORM



DATE

FAX FORM TO: 1.866.233.8317 | PHONE: 1.855.492.0817 | EMAIL: contact@bluegrass-rx.com

Complete the following or include demographic sheet.

DISPENSE AS WRITTEN

1. PATIENT INFORMATION		2. PRESCRIBER INFORMATION			
Name:			Name:		
Address:			DEA #: NPI #:	State L	ic. #:
City, State, ZIP:			Group or Hospital:		
Primary Phone: -	-	DOB: / /	Address:		
Alternate Phone:		Gender:	City, State, Zip:		
Email:			Phone: F	Fax: -	-
Primary Language:		Last Four of SSN:	Contact Person:	Phone: -	-
3. INSURANCE INFO	RMATION	Fax copy of presc	cription and insurance cards with this form,	, if available (front and back)
Primary Insurance Company Name:			Secondary Insurance Company Name:		
Primary Cardholder Nar	ne:		Secondary Cardholder Name:		
Relationship: Self	O Spouse/Partr	ner Child/Dependent	Relationship: Self Spouse/Pa	rtner (Child/Dependent
Phone:	Member ID:	Group #:	Phone: Member ID:	: '	Group #:
4. DIAGNOSIS AND	CLINICAL INFORMA	TION			
Needs by Date: /	/	Ship to: Patient	Office Other:		
Date of Diagnosis: /	′ /	Gauchers Disease: O Ty	Type 1 O Type 2 O Type 3		
E74.Ø2 Pompe DiseaseE75.21 Fabry DiseaseE75.22 Gaucher DiseaseE76.Ø1 Hurler's Syndrome		Does the patient have clin	Does the patient have clinical symptoms of Fabry disease?		
		Pompe Disease:	Pompe Disease:		
		Site of care: MD Office Infusion Clinic Hospital Outpatient Home Health Other:			
E76.Ø1 Hurler's Syn	drome	Site of care: MD Office	e 🔘 Infusion Clinic 🔘 Hospital Outpatient 🤇	Home Health	h Other:
E76.Ø1 Hurler's Synd E76.Ø3 Scheie's Syr	drome ndrome	Site of care: MD Office Nursing needed? Yes		Home Health	h Other:
E76.Ø1 Hurler's Syn	drome ndrome			Home Healti	h Other:
E76.Ø1 Hurler's Synd E76.Ø3 Scheie's Syr E76.219 Mucopolys	drome ndrome	Nursing needed? Yes) Home Health	h Other:
E76.Ø1 Hurler's Syn E76.Ø3 Scheie's Syr E76.219 Mucopolysi Other:	drome ndrome accharidosis, Type II Weight (lb/kg):	Nursing needed? Yes) Home Health	h Other:
E76.Ø1 Hurler's Synd E76.Ø3 Scheie's Syr E76.219 Mucopolysi Other: Height (in/cm):	drome ndrome accharidosis, Type II Weight (lb/kg):	Nursing needed? Yes		Home Health	h Other:
E76.Ø1 Hurler's Synd E76.Ø3 Scheie's Syrd E76.219 Mucopolysi Other: Height (in/cm):	drome ndrome accharidosis, Type II Weight (lb/kg): IFORMATION	Nursing needed? \(\rightarrow \text{Yes} \) Allergies: Current Medications: Directions Dose: mg mg/kg	Agency of Choice:		
E76.Ø1 Hurler's Synt E76.Ø3 Scheie's Syrt E76.Ø3 Scheie's Syrt Other: Height (in/cm): 5. PRESCRIPTION IN Medication	drome ndrome accharidosis, Type II Weight (lb/kg): IFORMATION Dose/Strength	Nursing needed? Yes Allergies: Current Medications: Directions Dose: mg mg/kg Volume to infuse: ml Rate Dose: mg mg/kg	body weight, IV Ramping Required Required Required		Refills 12 months
E76.Ø1 Hurler's Synt E76.Ø3 Scheie's Syrt E76.Ø3 Scheie's Syrt E76.219 Mucopolys: Other: Height (in/cm): 5. PRESCRIPTION IN Medication Aldurazyme	drome ndrome accharidosis, Type II Weight (lb/kg): IFORMATION Dose/Strength 2.9 mg vial	Nursing needed? Yes Allergies: Current Medications: Directions Dose: mg mg/kg Volume to infuse: ml Rate Dose: mg mg/kg Volume to infuse: ml Rate Dose: mg mg/kg	body weight, IV Ramping Required Re: ml Frequency: Body weight, IV Ramping Required Required Required Required Required Required Required		Refills 12 months 12 months
E76.Ø1 Hurler's Synt E76.Ø3 Scheie's Syrt E76.Ø3 Scheie's Syrt Other: Height (in/cm): 5. PRESCRIPTION IN Medication Aldurazyme Cerezyme	drome ndrome accharidosis, Type II Weight (lb/kg): IFORMATION Dose/Strength 2.9 mg vial 400 unit vial	Nursing needed? Yes Allergies: Current Medications: Directions Dose: mg mg/kg Volume to infuse: ml Rate Dose: mg mg/kg	body weight, IV Ramping Required Re: ml Frequency:		Refills 12 months 12 months 12 months 12 months
E76,Ø1 Hurler's Synt E76,Ø3 Scheie's Syrt E76,Ø3 Scheie's Syrt E76,219 Mucopolysi Other: Height (in/cm): 5. PRESCRIPTION IN Medication Aldurazyme Cerezyme Elaprase	drome ndrome accharidosis, Type II Weight (lb/kg): IFORMATION Dose/Strength 2.9 mg vial 400 unit vial 6 mg vial 5 mg vial 35 mg vial	Nursing needed? Yes Allergies: Current Medications: Directions Dose: mg mg/kg Volume to infuse: ml Rate	body weight, IV Ramping Required Re: ml Frequency: body weight, IV Ramping Required	Quantity	Refills 12 months 12 months 12 months 12 months
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PRODUCT SUBSTITUTION PERMITTED

DATE