


Faxed prescriptions will only be accepted from a prescriber. Patients must bring an original prescription to the pharmacy, and cannot fax these referral forms to Senderra.

 <p>1301 E. Arapaho Rd., Ste. 101 Richardson, TX 75081 <i>This prescription form is to be sent & received via fax</i></p>	Oral Multiple Sclerosis Enrollment Form Physician Offices Call: 855-460-7928 Fax: 888-777-5645	Prescriber: NPI:
	Supervising Physician: NPI:	
	Address:	Tax ID:
	Phone:	Fax:
	Contact:	

PATIENT INFORMATION			
Name:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans M <input type="checkbox"/> Trans F <input type="checkbox"/> Other	DOB: ____/____/____	SS#: ____-____-____
Street:	City:	State:	ZIP:
Phone:	Alt. Phone:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	Wt.: _____ Ht.: _____

PRESCRIPTION			
Has the patient received a loading dose/starter kit? <input type="checkbox"/> Yes Start Date: ____/____/____ <input type="checkbox"/> No SHIP TO: <input type="checkbox"/> Patient's Home <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Other: _____			
Drug		Directions & Quantity	Refills
Dalfampridine (Ampyra®)	10 mg Tablet	<input type="checkbox"/> Take 10 mg by mouth twice daily (Quantity: 60)	
Gilenya®	Manufacturer Requirement: Complete the Gilenya Start Form for prescription at https://www.gilenyahcp.com/		
Mayzent®	Manufacturer Requirement: Complete the Mayzent Start Form for prescription at https://mayzenthcp.com/		
Dimethyl Fumarate (Tecfidera®)	<input type="checkbox"/> 120 mg Capsule	<input type="checkbox"/> INITIAL: Take 120 mg by mouth twice daily for 7 days (Quantity: 14)	
	<input type="checkbox"/> 240 mg Capsule	<input type="checkbox"/> MAINTENANCE: Take 240 mg by mouth twice daily (Quantity: 60)	
Zeposia®	<input type="checkbox"/> Titration pack	<input type="checkbox"/> INITIAL: Take as directed per package instructions <input type="checkbox"/> All required assessments are completed and the patient is cleared for therapy	
	<input type="checkbox"/> 0.92 mg Capsule	<input type="checkbox"/> MAINTENANCE: Take 0.92 mg by mouth once daily starting on day 8 and thereafter (Quantity: 30) For assistance with pre-assessments visit: https://www.zeposiaportal.com/zeposiaprovider	

MEDICAL INFORMATION

*****PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY LAB NOTES REGARDING THERAPY*****

PREVIOUS THERAPIES:	Tried & Failed (Duration):	Contraindication:
	____/____/____ - ____/____/____	
	____/____/____ - ____/____/____	
	____/____/____ - ____/____/____	
	____/____/____ - ____/____/____	
Date of Diagnosis: ____/____/____ <input type="checkbox"/> G35 Multiple Sclerosis <input type="checkbox"/> Other: _____ Type: <input type="checkbox"/> Relapsing-remitting <input type="checkbox"/> Primary-progressive <input type="checkbox"/> Secondary-progressive <input type="checkbox"/> Progressive-relapsing	Number of relapses in the past year: _____ Date of last MRI: ____/____/____ Were there any changes with the latest MRI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this patient nursing or planning pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies:

Additional Clinical Information:

PRESCRIBER SIGNATURE REQUIRED--STAMPED SIGNATURE NOT ALLOWED

To Prescriber: By signing this form and utilizing our services, you are also authorizing Senderra to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.

PRODUCT SUBSTITUTION PERMITTED X _____ Date: ____/____/____	DISPENSE AS WRITTEN X _____ Date: ____/____/____
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CONFIDENTIALITY NOTICE

IMPORTANT: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.