PH: 888-588-1072
FAX: 866-388-1488
ParagonSpecialty.com

PARAGON SPECIALTY

Neurology
Order Form

PATIENT INFORMATION ☐ *demographics attached*

Patient Name: _____ DOB: _____ Sex: ☐ M ☐ F

Address: _____ Patient SSN: _____

City: _____ State: _____ Zip: _____ Phone: _____

INSURANCE INFORMATION: *PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S), FRONT AND BACK*

MEDICAL INFORMATION

Wt: _____ Ht: _____ Allergies: _____

Diagnosis Date: ____ /____ /_____ ☐ ICD-10 Code: _____ ☐ Migraine Prophylaxis

☐ Other: _____

History: Has Patient been previously treated for this condition? ☐ YES ☐ NO

Is the patient currently on any therapy? ☐ YES ☐ NO List meds: _____

Will patient stop taking meds before starting new med? ☐ YES ☐ NO New med start date: _____

Other meds patient is currently taking: _____

_____

PRESCRIPTION INFORMATION

☐ **New** ☐ **Refill** **Needs by: ____ /____ / _____** **Ship to:** ☐ **Patient's Home** ☐ **Doctor's Office**

☐ **Other: _____**

DRUG		DIRECTIONS	QUANTITY	REFILLS
☐ Aimovig®	☐ 70 mg Sureclick Pens ☐ 140 mg Sureclick Pens	☐ Inject 70 mg subcutaneously once a month. ☐ Inject 140 mg subcutaneously once a month.	4 week supply	
☐ Ajovy®	☐ 225 mg/1.5 ml Prefilled Syringe	☐ Inject 225 mg (1 syringe) subcutaneously once a month ☐ Inject 675 mg (3 syringes) subcutaneously once every 3 months		
☐ Emgality®	☐ 120 mg/ml Auto-injector ☐ 120 mg/ml Prefilled syringe	☐ Loading Dose: Inject 240 mg subcutaneously on day 1, followed by 120 mg (1 pen) once a month. ☐ Maintenance: Inject 120 mg subcutaneously once a month	Loading dose 4 week supply	
☐ Other:				

PHYSICIAN INFORMATION

By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Date: _____

Physician Name: _____ Tax ID: _____

NPI: _____ DEA: _____ License: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact Person: _____