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



Neurology Order Form

Patient Name:
City:State:Zip:Phone:
INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S), FRONT AND BACK    MEDICAL INFORMATION
MEDICAL INFORMATION  Wt: Ht: Allergies:
Wt: Ht: Allergies:   Migraine Prophylaxis   Other:   Other:   Migraine Prophylaxis   Other:   Other:   Migraine Prophylaxis   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   Drug Surcelick Pens   Inject 70 mg Surceli
Diagnosis Date:// CD-10 Code:   Migraine Prophylaxis     Other:   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     70 mg Sureclick Pens   Inject 70 mg subcutaneously once a month
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     70 mg Sureclick Pens   Inject 70 mg Subcutaneously once a month
History: Has Patient been previously treated for this condition?   YES   NO    Is the patient currently on any therapy?   YES   NO   List meds:
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:   Other:   Other:   To mg Sureclick Pens   Inject 70 mg subcutaneously once a month
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     70 mg Sureclick Pens   Inject 70 mg subcutaneously once a month
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
□ New □ Refill Needs by:// Ship to: □ Patient's Home □ Doctor's Office         □ Other:         DRUG       DIRECTIONS       QUANTITY       REFILLS         □ 70 mg Sureclick Pens       □ Inject 70 mg subcutaneously once a month
□ New       □ Refill       Needs by:/       Ship to: □ Patient's Home □ Doctor's Office □ Other:         □ Other:       □ Other:         □ DRUG       DIRECTIONS       QUANTITY       REFILLS         □ 70 mg Sureclick Pens       □ Inject 70 mg subcutaneously once a month
DRUG DIRECTIONS QUANTITY REFILLS  70 mg Sureclick Pens Inject 70 mg subcutaneously once a month
DRUG DIRECTIONS QUANTITY REFILLS  70 mg Sureclick Pens Inject 70 mg subcutaneously once a month
☐ 70 mg Sureclick Pens ☐ Inject 70 mg, subcutaneously once a month
☐ 70 mg Sureclick Pens ☐ Inject 70 mg, subcutaneously once a month
□ 140 mg Sureclick Pens □ Inject 140 mg subcutaneously once a month. □ 4 week supply
☐ Inject 225 mg (1 syringe) subcutaneously once a
□ 225 mg/1.5 ml Prefilled Syringe month
□ Inject 675 mg (3 syringes) subcutaneously once every 3 months
□ 120 mg/ml □ Loading Dose: Inject 240 mg subcutaneously on
□Emgality® Auto-injector day 1, followed by 120 mg (1 pen) once a month.  Loading dose
□ 120 mg/ml □ Maintenance: Inject 120 mg subcutaneously once a month 4 week supply
Prefilled syringe
□ 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:

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