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

PARAGON SPECIALTY

UROLOGY
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

Weight: _____ Height: _____ Allergies: _____

Diagnosis:_____ Diagnosis Date: ____ /____ /____ ICD-10 Code: _____

Serum Creatinine: _____ Date of Orchiectomy: ____ /____ /____

Renal Dysfunction: ☐Y ☐N Liver Dysfunction: ☐Y ☐N H/H (Hemoglobin/Hematocrit): _____

Date & value of last: HbA1c:____ /____ /____&_____

Serum PSA: ____ /____ /____ &_____

Serum Testosterone: ____ /____ /____&_____

To expedite prior authorization services, please attach and/or fax Chemo regimen/schedule, last clinical notes, and/or lab values/scans.

PRESCRIPTION INFORMATION

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

DRUG		DIRECTIONS	QUANTITY	REFILLS
☐ Aveed®	☐ _____	☐ _____		
☐ Casodex®	☐ _____	☐ _____		
☐ Eligard®	☐ _____	☐ _____		
☐ Firmagon®	☐ _____	☐ _____		
☐ Lupron®	☐ _____	☐ _____		
☐ Nilandron®	☐ _____	☐ _____		
☐ Prolia®	☐ _____	☐ _____		
☐ Testopel®	☐ _____	☐ _____		
☐ Xgeva®	☐ _____	☐ _____		
☐ Xiaflex®	☐ _____	☐ _____		
☐ Xtandi®	☐ _____	☐ _____		
☐ Zoladex®	☐ _____	☐ _____		
☐ Zytiga®	☐ 250mg	☐ Take 4 tablets daily without food ☐ Other: _____		
☐ With Prednisone	☐ 5mg	☐ 5mg BID with food ☐ Other: _____		
☐ 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: _____