

DATE _____ DATE NEEDED _____

SHIP TO: Patient Physician's Office HealthQuest Infusion

Please fax completed form along with copy of patient's insurance cards and any labs to 866.612.3437

Patient Name _____	Prescriber's Name _____
Patient Address _____	License # _____ DEA # _____
City _____ State _____ Zip _____	NPI # _____ UPIN # _____
Day Phone _____ Work Phone # _____	Practice Name _____
Cell Phone _____ E-mail _____	Office Contact _____
Date of Birth _____ SS # _____	Address _____ Suite # _____
<input type="checkbox"/> Female	City _____ State _____ Zip _____
<input type="checkbox"/> Male	Phone _____ Fax _____

DIAGNOSIS

Patient: Wt. _____ Ht. _____ Allergies: Latex Other, specify _____

ICD-10 DIAGNOSIS CODE E84.0 Cystic Fibrosis w/pulmonary manifestations E84.1 Cystic Fibrosis w/intestinal manifestations
 E84.11 Meconium ileus in Cystic Fibrosis E84.19 Cystic Fibrosis w/other intestinal manifestations
 E84.9 Cystic Fibrosis, unspecified Other: _____

CFR MUTATION TYPE(S) F508del G551D G551S G1244E G1349D G178R R117H S1251N
 S1255P S549N S549R Other: _____ Patient is: Heterozygous Homozygous for mutations

FEV1: _____ Date: _____ Current Medications: _____

Baseline Eye Exam: _____ Last hearing screen: _____ Serum Creatinine: _____ Date: _____ Estimated GFR: _____

PRESCRIPTION

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
Pulmozyme®	<input type="checkbox"/> 2.5mg/2.5mL	<input type="checkbox"/> Inhale contents of one ampule once daily with nebulizer <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 mo. supply <input type="checkbox"/> 3 mo. supply	

PRESCRIBER'S SIGNATURE (Signature required. No stamps.) _____ **DATE** _____

IMPORTANT NOTICE: This facsimile is intended to be delivered to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee.