

DEFLAZACORT PATIENT ENROLLMENT

1 PATIENT INFORMATION Please attach demographic information
(Please complete the following information)

Patient Name (First, MI, Last): _____ DOB: _____ Gender: Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Patient Phone Number: _____
 Parent/Caregiver Name (First, MI, Last): _____ Parent/Caregiver Phone Number: _____

2 INSURANCE INFORMATION Please attach front and back of patient's insurance card, prescription card, and/or Medicaid card.

Primary Insurance Name: _____	Secondary Insurance Name: _____
Primary Insurance ID: _____	Primary Insurance ID: _____
Insurance Phone Number: _____	Insurance Phone Number: _____
Policyholder Name: _____	Policyholder Name: _____

3 CLINICAL INFORMATION Please fax clinical documentation to pharmacy along with referral form.

ICD-10 Diagnosis Code: G71.01 Duchenne Muscular Dystrophy Other ICD-10 Code: _____
 NKDA Drug Allergies _____
 Patient Weight: _____ lb kg Date Weight Obtained: _____ Date of Last Clinic Visit: _____

4 PRESCRIBER INFORMATION Practice Name: _____

Prescriber Name: _____ Specialty: _____ NPI: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Office Contact: _____ Phone: _____ Fax: _____

5 PRESCRIPTION INFORMATION

Deflazacort (Recommended dose: 0.9 mg/kg/day)

Deflazacort Tablets (6mg, 18mg, 30mg, 36mg)

Directions for use: Check one option
 Take 0.9 mg/kg orally once daily
 Take _____ mg orally once daily
 Other Directions _____

Dispense: 30 Day Supply **Refills:** 1 year

Physician's Signature _____ Date of Signature _____

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only 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, except by the express authority of the sender to the named addressee.