

Nitisinone Capsules

If you have questions, please call 844-397-0541 or email etoncares@optimecare.com

Please fax form to 866-318-2990



PATIENT REFERRAL FORM

Patient Information <small>*Please print</small>	Last Name:		First Name:		SSN:		Sex: M <input type="radio"/> F <input type="radio"/>		
	Address:				City:		State:	Zip:	
	Phone: Day #		Evening #:		Cell #:		Preferred method of Contact: Day # Evening # Cell #		
	DOB:			Weight Lbs:		Kg:	Height:		
	If Patient is a Minor, Guardian/Parent Name:					Relation to Patient:			
	Emergency Contact:					Phone #:			
Insurance Information	Primary Insurance Co. Name:						Phone #:		
	Policy Holder Name:				Policy #:		Group #:		
	Prescription Card Name:						Phone #:		
	Policy #:						Group #:		
	Secondary Insurance Co. Name:						Phone #:		
	Policy Holder Name:				Policy #:		Group #:		
Physician Information	Prescriber Name/Title:								
	NPI:		DEA:		Medicaid UPIN:		State License #:		
	Address:				City:		State:	Zip:	
	Practice Name:								
	Name of Contact Person:						Phone:		
	Physician Email:						Fax:		
Prescription	Nitisinone Capsules:						Refills _____		
	The recommended starting dosage is 0.5mg/kg twice daily						Special Instructions:		
	Nitisinone 2mg Capsules		Dosage Instructions: _____ AM ; _____ PM		Qty: _____		_____		
	Nitisinone 5mg Capsules		Dosage Instructions: _____ AM ; _____ PM		Qty: _____		_____		
	Nitisinone 10mg Capsules		Dosage Instructions: _____ AM ; _____ PM		Qty: _____		_____		
Nitisinone 20mg Capsules		Dosage Instructions: _____ AM ; _____ PM		Qty: _____		_____			
Medical Necessity	Please check applicable ICD-10 code:								
	Tyrosinemia (E70.21)		Other _____						
	NKDA		Allergies: _____						

I certify I am prescribing Nitisinone for this patient for a medically necessary purpose.

Date Written: _____

Substitution Allowed:

Dispense as Written: _____
(Stamped Signatures Are Not Valid)

(Stamped Signatures Are Not Valid) _____

This Prescription Form is only valid if FAXED to Optime Care @ 866-318-2990 or EMAILED to etoncares@optimecare.com

Form: RD-4-01e-ETN
Control: 1518-v4