

A Carelon Company

Need By Date: \_

## **Kidney and Liver Transplant**

Fax: 800-269-5493

Ship To: □ Patient □ Office □ Other \_

Phone: 888-292-0744

Fax Copy: 🗆 Rx Card Front/Back 🛛 Clinical Notes 🗆 Medical Card Front/Back

bioplusrx.com/therapy

Patient I	Prescriber Information					
Patient Name		Prescriber Name				
Address		Address				
City State ZIP		City State ZIP				
Main Phone	Alternate Phone	Phone		Fax		
Social Security #		Contact Person				
Date of Birth	Female      Male	DEA#	NPI#		License #	

		Clinical Information												
	□ Z94.83 Pancreas Trans □ Z94.82 Intestine Trans		Date of Transplant		Print Labels in:   English   Spanish									
Allergies:  NKDA Other:	Weight	🗆 kg 🗆 lbs	Height	□ ft □ in	Status:									
Medication		Directions	for Use		DNS	Qty	Refills							
			-											
□,M.D DEA#, LIC#		□,M.D DEA#, LIC#	D,M.D DEA#, LIC#											
□,M.D DEA#, LIC# Contact Person □		□,M.D DEA#, LIC#		□,M.D DEA#	DEA#, LIC#									

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