McLaren HEALTH CARE

KSP SPECIALTY PHARMACY

BARBARA ANN Karmanos CANCER INSTITUTE Wayne State University

Medication Request Form

711 Stephenson Hwy - Troy, MI – 48083 Phone: (833) 577 – 4968 Fax: (248) 951 – 6820

***Please complete and fax back to KSP Specialty Pharmacy with the prescription(s) OR send entire package to RXSpecialty@karmanos.org**

Patient Information			
Name:	DOB:	Gender:	
Address:	City:	State:	Zip:
Phone #:	Allergies:	Insurance Plan:	
Insurance ID:	Rx Group #:	Rx Bin #:	Rx PCN:

Please include a copy of the front and back of all patient's insurance cards

Prescription		
Medication/Dose	Directions	Dispense
Diagnosis/ICD-10:		Quantity: Refills:
Diagnosis/ICD-10:		Quantity: Refills:
Diagnosis/ICD-10:		Quantity: Refills:

Patient Clinical Information	
Please describe the reason for the medication request	
Medication Tried/Failed	Discontinuation Reason

Please attach the most recent clinical notes, labs, and genetic tests

Prescriber Information			
Name:		Specialty:	
DEA:		NPI:	
Address:	City:	State:	Zip:
Phone #:	Fax #:	Email:	
Prescriber Signature: _____		Date:	

Please provide the preferred way to be contacted regarding additional requests and status updates