SYNERGEN Rx
www.synergenrx.com

Nephrology

Phone: 404-585-7517
Fax: 404-900-9209
NPI: 1811550528

Patient Information (Please attach insurance card)

Name:	☐ M ☐ F	DOB: ___/___/___	
Street:	City:	State:	Zip:
Phone:	Alt Phone:	Allergies:	

Clinical Information (Please attach all pertinent clinicals and lab results)

Diagnosis: _____ **ICD 10:** _____

Hgb: _____
Hct: _____
Serum Fe: _____

Clinical History:

Is Transferrin Saturation at least 20%? ☐ yes ☐ No _____ %
Is Ferritin at least 100ng/mL? ☐ yes ☐ No _____ ng/mL
Is Patient on dialysis? ☐ yes ☐ No
Phosphorus Level: _____

Previous/current treatment history: _____

Treatment Dates: _____

Prescription (Or e-scribe to Synergen Rx - NPI: 1811550528)

Drug Therapy	*Dosing*	*Directions*	*Quantity*	*Refills*
☐ Aranesp PFS	☐ 40mcg/0.4ml ☐ 25mcg/0.42ml ☐ 100mcg/0.5ml ☐ 60mcg/0.3ml ☐ 200mcg/0.4ml ☐ 150mcg/0.3ml ☐ 500mcg/ml ☐ 300mcg/0.6ml			
☐ Auryxia	☐ 1 gm (210 mg Ferric Iron)			
☐ Cuprimine (penicillamine)	☐ 250 mg capsules			
☐ Fosrenol	☐ 500mg tablets ☐ 750mg tablets ☐ 1,000mg tablets			
☐ Injectafer	☐ 750 mg			
☐ Renagel	☐ 400 mg tablets ☐ 800 mg tablets			
☐ Renvela	☐ 800 mg tablets ☐ 2.4g powder for suspension ☐ 0.8g powder for suspension			
☐ Retacrit (Biosimilar for Procrit & Epogen)	☐ 2000 u/ml ☐ 3000 u/ml ☐ 10,000 u/ml ☐ 20,000 u/ml ☐ 40,000 u/ml ☐ 20,000 u/2ml			
☐ Sensipar	☐ 30 mg ☐ 60 mg ☐ 90 mg			
☐ Venofer	☐ 20 mg / mL			
☐ Xphozah	☐ 10 mg ☐ 20 mg ☐ 30 mg			

Prescriber information

Deliver To: ☐ Patient ☐ Office

Prescriber:		Supervising Physician:	
Contact Name:		Preferred method of contact: ☐ Phone ☐ Fax ☐ Email	
Phone:	Ext: Fax:	Email:	
Street:	City:	State:	Zip:
Signature:	Date:	NPI	

*By signing this form I authorize Synergen RX LLC and its employees to act as authorized agents on behalf of my office to obtain prior authorization through my patients insurance plan and to facilititate and enroll patients into patient assistance programs with manufacturers and other foundations.