

## Patient Information

(Please attach insurance card)

Name:	<input type="checkbox"/> M <input type="checkbox"/> F	DOB: _____/_____/_____
Street:	City	State: _____ Zip: _____
Phone:	Alt Phone:	Allergies:

## Clinical Information

(Please attach all pertinent clinicals and lab results)

**Diagnosis (ICD-10):**  (D57.1) Sickle Cell Disease  (E83.111) Chronic Iron Overload Due to Blood transfusions  Other: \_\_\_\_\_

Number of vasoocclusive crises within the last 12 months: \_\_\_\_\_

Patient is receiving concomitant chronic, prophylactic blood transfusion therapy:  Y  N

Previous and/or current Medications for SCD: \_\_\_\_\_ Dates of therapy: \_\_\_\_\_

**Please provide CBC or results below:**  
Hemoglobin: \_\_\_\_\_  
Neutrophils: \_\_\_\_\_  
Platelets: \_\_\_\_\_  
WBC: \_\_\_\_\_

## Prescription

Drug Therapy	Dosing	Directions	Quantity	Refills
<input type="checkbox"/> Endari	5 gm packet	Mix the selected dosage in 8 oz of cold or warm beverage (water, juice) or 4-6 oz of soft food (yogurt, applesauce) prior to administration <input type="checkbox"/> (<30 kg) 5 gm (1 packet) by mouth twice daily <input type="checkbox"/> (30-65 kg) 10 gm (2 packets) by mouth twice daily <input type="checkbox"/> (>65 kg) 15 gm (3 packets) by mouth twice daily		
<input type="checkbox"/> Folic Acid	1 mg tablet	Take 1 tablet by mouth daily		
<input type="checkbox"/> Hydroxyurea	<input type="checkbox"/> 300 mg Capsules <input type="checkbox"/> 500 mg Capsules	Take _____ capsules by mouth daily		
<input type="checkbox"/> Oxbraya	500 mg tablets	Take 1500 mg (3 tablets) by mouth once daily		

### Iron Overload

<input type="checkbox"/> Exjade tablets for oral suspension	<input type="checkbox"/> 125 mg <input type="checkbox"/> 250 mg <input type="checkbox"/> 500 mg	Dissolve ___ tablets in <input type="checkbox"/> 3.5oz or <input type="checkbox"/> 7oz of water, OJ, or apple juice until dissolved and drink (Take on empty stomach at least 30 minutes before food)		
<input type="checkbox"/> Jadenu tablets	<input type="checkbox"/> 90 mg <input type="checkbox"/> 180 mg <input type="checkbox"/> 360 mg	Take ___ tablets by mouth once daily with water at the same time each day		

### Infection Prevention

<input type="checkbox"/> Penicillin VK	<input type="checkbox"/> 125mg <input type="checkbox"/> 250mg	Take 1 tablet by mouth twice daily		
<input type="checkbox"/> Erythromycin				

### Ancillary Medications


## Prescriber information

Prescriber:	Supervising Physician:
Contact Name:	Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email
Phone:	Ext: Fax: Email:
Street:	City: State: Zip:
Signature:	Date: NPI