SYNERGEN Rx
www.synergenrx.com

Dermatology (A-E)

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: ☐ Plaque Psoriasis ☐ Psoriatic Arthritis ☐ Atopic Dermatitis

☐ Hidradenitis suppurativa ☐ Other: ____________

Weight: ________ BSA: ________

Area Affected: ____________

Previous Tried/Failed Medications: Duration:

☐ UVB or PUVA ____________ ________

☐ Topicals ____________ ________

☐ Oral agents ____________ ________

☐ Biologics ____________ ________

TB Test ☐ Y ☐ N Result: ________

Active Infections ☐ Y ☐ N

Hep B Negative ☐ Y ☐ N

Prescription

Injection Training ☐ Prescribers Office ☐ Specialty Pharmacy

Drug Therapy	*Dosing*	*Directions*	*Quantity*	*Refills*
☐ Botox	☐ 50 unit vial ☐ 100 unit vial ☐ 200 unit vial	☐ Inject 50 units in each axilla ☐ Other: ____________		
☐ Cimzia	☐ Starter Kit	Inject 400 mg (Two 200mg PFS) under the skin on weeks 0, 2, & 4	6 Syringes	
	☐ Maintenance	☐ Inject 200 mg under the skin every 2 weeks ☐ Inject 400 mg (Two 200mg PFS) under the skin every 4 weeks		
☐ Cosentyx ☐ Pen ☐ PFS	☐ Starter Kit	☐ Inject 150 mg under the skin weeks 0,1,2,3, and 4 ***(Psoriatic Arthritis)*** ☐ Inject 300 mg under the skin weeks 0,1,2,3, and 4 ***(Plaque Psoriasis)***		
	☐ Maintenance	☐ Inject 150 mg under the skin every 4 weeks ☐ Inject 300 mg under the skin every 4 weeks		
☐ Dupixent	☐ Induction	Inject 600 mg (Two 300mg PFS) under the skin on day 1	2 Syringes	
	☐ Maintenance	Inject 300 mg under the skin every 2 weeks		
☐ Enbrel ☐ Pen ☐ 25mg PFS ☐ 50mg PFS ☐ Mini Cartridges ☐ Vial	☐ Induction ***(Plaque Psorias Only)***	Inject 50 mg under the skin twice weekly for 12 weeks	24	
	☐ Maintenance	Inject 50 mg under the skin once weekly		
☐ Erivedge	☐ 150mg Capsule	take 1 capsule (150 mg) by mouth once daily		

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 facilitate and enroll patients into patient assistance programs with manufacturers and other foundations.

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Dermatology (H-Si)

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NPI: 1811550528

Patient Information (Please attach insurance card)

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Street: City State: Zip:

Phone: Alt Phone: Allergies:

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

Diagnosis: ☐ Plaque Psoriasis ☐ Psoriatic Arthritis ☐ Atopic Dermatitis

☐ Hidradenitis suppurativa ☐ Other:________________

Previous Tried/Failed Medications: Duration:

☐ UVB or PUVA ____________ ________

☐ Topicals ____________ ________

☐ Oral agents ____________ ________

☐ Biologics ____________ ________

Weight:________ BSA: ________

Area Affected:________________

TB Test ☐ Y ☐ N Result: ________

Active Infections ☐ Y ☐ N

Hep B Negative ☐ Y ☐ N

Prescription

Injection Training ☐ Prescribers Office ☐ Specialty Pharmacy

Drug Therapy	*Dosing*	*Directions*	*Quantity*	*Refills*
☐ Humira Citrate Free ☐ Pen ☐ Syringe	☐ Plaque Psoriasis Starter Kit	Inject 80 mg (One 80mg/0.8mL dose) under the skin on day 1, then 40 mg every 2 weeks starting on day 8	3	
	☐ Hidradenitis Starter Kit	Inject 160 mg (Two 80mg/0.8mL dose) under the skin on day 1, then 80 mg on day 15	3	
	☐ Maintenance	☐ Inject 40 (One 40mg/0.4 mL dose) under the skin every 2 weeks ☐ Inject 40 (One 40mg/0.4 mL dose) under the skin every week		
☐ Ilumya	☐ Induction	Inject 100 mg under the skin on weeks 0 and 4	2	
	☐ Maintenance	Inject 100 mg under the skin every 12 weeks		
☐ Orencia **Psoriatic Arthritis*	☐ 125 Pen ☐ 125 Syringe	Inject 125 mg under the skin every week		
☐ Otezla	☐ Titration Pack	☐ Take as directed per titration package ☐ Please check if patient has already received 14-day titration pack from MD office	55	
	☐ 30 mg tablet maintenance	☐ Take 1 tablet twice daily ☐ Take 1 tablet daily (For renal impairment)		
☐ Siliq **Psoriatic Arthritis*	☐ Induction	Inject 210 mg under the skin week 0 and week 1		
	☐ Maintenance	Inject 210 mg on week 2 then every 2 weeks for maintenance		
☐ Simponi	☐ 50mg Pen ☐ 50mg Syringe	Inject 50 mg under the skin every 4 weeks		

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Phone: Alt Phone: Allergies:

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Diagnosis: ☐ Plaque Psoriasis ☐ Psoriatic Arthritis ☐ Atopic Dermatitis

☐ Hidradenitis suppurativa ☐ Other: ____________

Previous Tried/Failed Medications: Duration:

☐ UVB or PUVA ____________ ____________
☐ Topicals ____________ ____________
☐ Oral agents ____________ ____________
☐ Biologics ____________ ____________

Weight: ________ BSA: ________

Area Affected: ________

TB Test ☐ Y ☐ N Result: ________

Active Infections ☐ Y ☐ N

Hep B Negative ☐ Y ☐ N

Prescription

Injection Training ☐ Prescribers Office ☐ Specialty Pharmacy

Drug Therapy	*Dosing*	*Directions*	*Quantity*	*Refills*
☐ Skyrizi 75 mg PFS	☐ Induction	Inject 150 mg (Two 75mg PFS) under the skin on week 0 and 4	4	
	☐ Maintenance	Inject 150 mg (Two 75mg PFS) under the skin every 12 weeks starting on week 16		
☐ Stelara PFS ☐ 45 mg ☐ 90 mg	☐ Induction	Inject 1 syringe under the skin at weeks 0 and week 4	2	
	☐ Maintenance	Inject 1 syringe under the skin every 12 weeks		
☐ Taclonex Topical Suspension	☐ 60 gm ☐ 120 gm	Apply to affected area(s) once daily for up to 8 weeks	# of bottles	
☐ Taltz 80 mg ☐ Pen ☐ PFS	☐ Induction *Psoriatic Arthritis only*	Inject 160mg at week 0, then 80mg every 4 weeks	3	
	☐ Induction *Plaque Psoriasis*	Inject 160 mg under the skin week 0 then 80 mg every 2 weeks until week 12	8	
	☐ Maintenance	Inject 80 mg under the skin every 4 weeks		
☐ Tremfya ☐ Pen ☐ PFS	☐ Induction	Inject 100 mg under the skin on weeks 0 and 4	2	
	☐ Maintenance	Inject 100 mg under the skin every 8 weeks		
☐ Xeljanz	5 mg	Take 1 tablet by mouth twice daily		
☐ Xeljanz XR ⋆ *Psoriatic Arthritis*	11 mg	Take 1 tablet by mouth daily		

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