

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"/> Siklos	<input type="checkbox"/> 100 mg tablets <input type="checkbox"/> 1000 mg tablets	Take _____ tablets by mouth daily		
<input type="checkbox"/> Oxbraya	<input type="checkbox"/> 500 mg tablets	<input type="checkbox"/> Take 1500 mg (Three 500 mg tablets) by mouth once daily		
	<input type="checkbox"/> 300 mg tablet for oral suspension	<input type="checkbox"/> Take _____ (300 mg) 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		
<input type="checkbox"/> Ferriprox tablets	<input type="checkbox"/> 500mg	Take _____ tablets by mouth three times daily		

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"/> Erithromycin				

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	