



CareMed

Pharmaceutical Services

Phone: 516.355.2273

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TransplantCare Prescription Form

OncoCare

NeuroCare

HemaCare

RheumaCare

HepaCare



Patient Information

Last Name	First Name	SSN	DOB
Home Address	City	State	Zip
Home Phone	Work Phone	Parent/Guardian	
Shipping Address	City	State	Zip

Pharmacy Insurance Information

Primary Insurance:	Rx Bin:	Secondary Insurance:	Rx Bin:
ID Number:	Group Number:	ID Number:	Group Number:

Physician Information

Prescriber Name:	Licence:	DEA:	Office Contact:
Address:	City:	State:	Zip:
		Phone:	Fax:

Diagnoses Information

Primary Dx:	ICD-9:	Secondary Dx:	ICD-9:
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Medications (You may tape Prescriptions here prior to faxing)

Immunosuppressants

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Prograf				
<input type="checkbox"/> Gengraf				
<input type="checkbox"/> Neoral				
<input type="checkbox"/> Sandimmune				
<input type="checkbox"/> Cellcept				
<input type="checkbox"/> Myfortic				
<input type="checkbox"/>				

Corticosteroids

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Prednisone				
<input type="checkbox"/>				

Antivirals

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Acyclovir				
<input type="checkbox"/> Gancyclovir				
<input type="checkbox"/> Valcyte				
<input type="checkbox"/>				

Antibiotics

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Septra/Bactrim	SS			
<input type="checkbox"/>				

Antifungals

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Noxafil				
<input type="checkbox"/> Nystatin Susp				
<input type="checkbox"/> Mycelex Troche				
<input type="checkbox"/> Nystatin Vaginal				
<input type="checkbox"/>				
<input type="checkbox"/>				

Gastric Agents

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Pepcid				
<input type="checkbox"/> Tagamet				
<input type="checkbox"/> Zantac				
<input type="checkbox"/> Protonix				
<input type="checkbox"/> Prilosec				
<input type="checkbox"/> Nexium				
<input type="checkbox"/>				

Hypertension Agents

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Metoprolol				
<input type="checkbox"/> Labetalol				
<input type="checkbox"/> Norvasc				
<input type="checkbox"/> Diltiazem				
<input type="checkbox"/>				

Additional Medications

Medication	Strength	Directions	Quantity	Refills
<input type="checkbox"/> Citracal +D				
<input type="checkbox"/> Colace				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

All orders are sent with a BP Cuff, Thermometer, Pill Cutter, and Pill Box

Delivery Information

Today's Date:	Needed by:	Deliver to: <input type="checkbox"/> Patient's Home <input type="checkbox"/> MD Office/Clinic <input type="checkbox"/> Patient's Work <input type="checkbox"/> Other:
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PRESCRIBER'S SIGNATURE REQUIRED

MD / NP / PA Signature: _____