



Phone: 800-818-6486 ♦ Fax: 800-818-6490 ♦ www.psipharmacy.com

Demographics do not need to be completed if a demographic sheet is to follow

Diagnosis (must be filled in with all relevant codes):

Patient: \_\_\_\_\_ Wt: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Gender:  M  F

To expedite the benefits investigation, please attach:

- Enlarged copy of the front and back of the insurance card
Chart notes
Labs
Supporting clinical documentation

Insurance: \_\_\_\_\_ Pharmacy Help Desk Phone: \_\_\_\_\_ ID Number: \_\_\_\_\_
Group Number: \_\_\_\_\_ Rx Group: \_\_\_\_\_ Rx BIN: \_\_\_\_\_ Rx PCN: \_\_\_\_\_

- Rx: Cayston (75 mg) and Altera Hand Held Device Sig: Nebulize 1 vial TID Disp 28 day supply with handset Refill: \_\_\_\_\_
Rx: Colistimethate 150 mg vials Dispense all necessary supplies for preparation and administration. Disp 30 day supply Refill: \_\_\_\_\_
Rx: Bethkis 300 mg/4 mL ampules Sig: Nebulize one ampule BID q other month q month Disp 56 ampules (one box) Refill: \_\_\_\_\_
Rx: Kitabis Pak 300 mg ampules Sig: Nebulize one ampule BID q other month q month Disp 56 ampules (one box) Refill: \_\_\_\_\_
Rx: Tobramycin 300 mg/5 mL ampules Sig: Nebulize one ampule BID q other month q month Disp 56 ampules (one box) Refill: \_\_\_\_\_
Rx: TOBI 300 mg ampules Sig: Nebulize one ampule BID q other month q month Disp 56 ampules (one box) Refill: \_\_\_\_\_
Rx: TOBI Podhaler Sig: Inhale the contents of four 28 mg TOBI Podhaler capsules BID using Podhaler device Disp 28 day supply Refill: \_\_\_\_\_
Rx: Pulmozyme Inhalation solution 2.5 mg Sig: Nebulize Daily OR BID Disp 30 day supply Refill: \_\_\_\_\_
Rx: Hyper Sal 7% 4 mL (Box of 60) Sig: Nebulize BID before antibiotic therapy Disp 30 day supply Refill: \_\_\_\_\_
Rx: Hyper Sal 3.5% 4 mL (Box of 60) Sig: Nebulize BID before antibiotic therapy Disp 30 day supply Refill: \_\_\_\_\_
Rx: Albuterol Inhalation solution 2.5 mg/3 mL (0.083%) 1.25 mg/3 mL (0.042%) Disp 30 day supply Refill: \_\_\_\_\_
Rx: Albuterol MDI Sig: Disp 30 day supply Refill: \_\_\_\_\_
Rx: Montelukast Sodium 4 mg chewable 5 mg chewable 10 mg tablet Disp 30 day supply Refill: \_\_\_\_\_
Rx: Creon 3,000 6,000 12,000 24,000 36,000 Disp Refill: \_\_\_\_\_
Rx: Zenpep 3,000 5,000 10,000 15,000 20,000 25,000 Disp Refill: \_\_\_\_\_
Rx: Pertzze 8,000 16,000 Disp Refill: \_\_\_\_\_
Rx: Other Enzyme: Disp Refill: \_\_\_\_\_
Rx: Complete Formulation Vitamins Softgels Chewables Drops D3000 Sig: Disp 30 day supply Refill: \_\_\_\_\_
Rx: Other Medication: Sig: Disp 30 day supply Refill: \_\_\_\_\_
Rx: Other Medication: Sig: Disp 30 day supply Refill: \_\_\_\_\_

Practice Name: \_\_\_\_\_
Provider Name: \_\_\_\_\_ License #: \_\_\_\_\_ DEA #: \_\_\_\_\_ NPI #: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Office Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
PRESCRIBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_