



Phone: (866) 898-0104 Fax: (866) 898-0069

<div>STEP 1: Complete Physician Information</div>	<div>Physician Information:</div> <div>VA Facility: _____</div> <div>VA Address: _____</div> <div>City: _____ State: _____ Zip: _____</div> <div>Physician Name: _____</div> <div>Phone: _____ Fax: _____</div> <div>State License #: _____ Nat'l Provider ID#: _____</div> <div><input type="checkbox"/> VA Patient Release of Information signed</div>	<div>STEP 3: Complete VA Pharmacy Information</div>	<div>VA Pharmacy Information:</div> <div>Pharmacy Contact: _____</div> <div>Phone: _____</div> <div>Procurement Contact: _____</div> <div>Phone: _____</div>
<div>STEP 2: Check Boxes for: Start-up Rx and Titration Orders</div> <div>OR</div> <div>Ongoing Rx</div>	<div>Prescription:</div> <div>Rx: APOKYN® 3 mL Cartridges</div> <div>Administer doses as directed</div> <div><input type="checkbox"/> Initial prescription = one titration kit (sig: use as directed) includes:<ul style="list-style-type: none">One box of five 3 mL cartridgesOne APOKYN Pen Pack (includes one pen device and six pen needles)One box of 100 BD Ultra-Fine™ pen needles 29 g x ½ inOne 1.5 quart Sharps Container(Sig: use as directed)</div> <div>Rx: Trimethobenzamide HCl 300 mg Capsules</div> <div><input type="checkbox"/> Take one capsule by mouth three times daily for nausea. Begin taking three days prior to initial APOKYN dose. Quantity: 42</div>	<div>STEP 4: Complete Patient Information</div>	<div>Patient Information:</div> <div>Patient Name: _____</div> <div>Date of Birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F</div> <div>Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other</div> <div>Daytime Phone: _____ Evening Phone: _____</div> <div>Alternate Contact: _____ Phone Number: _____</div> <div>Address (No P.O. Box): _____</div> <div>City: _____ State: _____ Zip: _____</div>
	<div><input type="checkbox"/> APOKYN 3 mL Cartridges</div> <div>_____mL/dose Estimated number of doses per day: _____</div> <div>Days supply: <input type="checkbox"/> 30 <input type="checkbox"/> Other: _____ Refills: _____</div> <div>Do not exceed _____ doses per day</div> <div><input type="checkbox"/> BD Ultra-Fine™ pen needles 29 g x ½ in</div> <div>Quantity: Box of 100 Refills: _____</div> <div><input type="checkbox"/> Trimethobenzamide HCl 300 mg capsules</div> <div>Take one capsule by mouth three times daily for nausea.</div> <div>Begin taking three days prior to initial APOKYN dose.</div> <div>Quantity: 90 Refills: _____</div>	<div>STEP 5: Sign Statement of Medical Necessity</div>	<div>Statement of Medical Necessity:</div> <div>I certify APOKYN therapy is necessary for this patient.</div> <div>Office Contact: _____</div> <div>Prescriber's Signature: _____</div> <div>(Signature required. No stamps please. Dispense as written.)</div> <div>Date: _____</div>