

# Arthritis Order Form



## Patient Demographics

Current Date

Name

Address

City  State  Zip Code

Phone Number  SSN

Email Address

www.bergenrx.com

TELEPHONE  
888 RX BERGEN (888-792-3743)

FAX ORDER FORM TO  
1-973-923-7721

## Practitioner Information

Name

Hospital/Clinic

Address

City  State  Zip Code

Phone  Fax

Contact  Email

## Delivery Information

Please choose location for delivery
<input type="checkbox"/> Deliver to DOCTOR OFFICE/HOSPITAL
<input type="checkbox"/> Deliver to PATIENT

## License Information

License

NPI

DEA

Additional  
Information

## Insurance Information

Pharmacy Card / PBM Information	
RxBIN	<input type="text"/>
RxPCN	<input type="text"/>
RxGroup	<input type="text"/>
ID	<input type="text"/>

State Assistance Program Information	
State	<input type="text"/>
ID	<input type="text"/>

# Medication Orders

	Medication	Strength	Quantity	Frequency	Total Dispense Qty.	Refills
	Example Drug	40mg/0.8 ml	1	QWEEK	4	5
<input type="checkbox"/>	<b>Humira</b>					
<input type="checkbox"/>	<b>Enbrel</b>					
<input type="checkbox"/>	<b>Simponi</b>					
<input type="checkbox"/>	<b>Forteo</b>	<b>3 mL Pen</b>				
<input type="checkbox"/>	<b>Cimzia</b>					
<input type="checkbox"/>						
<input type="checkbox"/>						

Signed by

**Free Form RX  
Area (ex. Lasix  
20mg, 1 tab. PO  
QD)**