

Psoriasis 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	
RxPCN	
RxGroup	
ID	

State Assistance Program Information	
State	
ID	

Medication Orders

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

Signed by

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