

Serostim Order Form



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TELEPHONE
888 RX BERGEN (888-792-3743)

FAX ORDER FORM TO
1-973-923-7721

Patient Demographics

Current Date

Name

Address

City State Zip Code

Phone Number SSN

Email Address

Practitioner Information

Name

Hospital/Clinic

Address

City State Zip Code

Phone Fax

Contact Email

License Information

License

NPI

DEA

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"/>

Delivery Information

Please choose location for delivery

Deliver to DOCTOR OFFICE/HOSPITAL

Deliver to PATIENT

Additional Information

	Medication	Dose	Frequency	Total Dispense Qty.	Refills
<input type="checkbox"/>	Serostim	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Weight	Dose
>121 lb	6 mg
99-121 lb	5 mg
75-99 lb	4 mg