ardon

Multiple Sclerosis Enrollment Form

Phone: 855-425-4085
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ardonhealth.com

PATIENT INFORMATION

Patient Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ DOB: _____
Alternate Phone: _____ Gender: ☐ Male ☐ Female
Email: _____
Last Four of SS #: _____ Primary Language: _____
Height: _____ Weight: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____
State License #: _____ NPI #: _____
DEA #: _____
Group or Hospital: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Contact Person: _____ Phone: _____

INSURANCE INFORMATION: PLEASE FAX A COPY OF THE PRESCRIPTION & INSURANCE CARDS WITH THIS FORM, IF AVAILABLE (FRONT & BACK)

CLINICAL

Need By Date: _____ **Ship to:** ☐ Patient ☐ Physician ☐ Other: _____

Date of Diagnosis: _____
Diagnosis: G35 Multiple Sclerosis
☐ Relapsing Remitting ☐ Primary Progressive ☐ Progressive – Relapsing ☐ Secondary Progressive with Relapses
☐ Secondary Progressive w/o Relapses ☐ Other (ICD-10 Code): _____
Number of Relapses Last Year: _____

Previously Failed Medications: _____

Current Medications: _____

Allergies: _____ **Is the patient new to therapy?** ☐ **Yes** ☐ **No**

PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Avonex PFS ☐ Avonex SDV ☐ Avonex Pen	☐ 30mcg	☐ **Titration Dosing (SDV or PFS):** Week 1: Inject 7.5mcg IM. Week 2: Inject 15mcg IM. Week 3: Inject 22.5mcg. Week 4: Start injecting 30mcg once a week. ☐ Inject 30mcg IM once a week.	☐ 4 PFS ☐ 4 SDV ☐ 4 Pens	
☐ Betaseron	☐ 0.3mg	☐ Inject 0.25mg (1ml) every other day.	☐ 14 Vials	
☐ Copaxone PFS ☐ Glatopa PFS	☐ 20mg ☐ 40mg	☐ Inject 20mg SQ daily. ☐ Inject 40mg SQ 3 times a week. ☐ Other _____	☐ 30 ☐ 12	
☐ Extavia	☐ 0.3mg	☐ Inject 0.25mg (1ml) every other day.	☐ 15 Vials	
☐ Gilenya	☐ 0.5mg	☐ Take 1 cap PO daily.	☐ 30	
☐ Rebif PFS Titration Pack ☐ Rebif Rebidose Titration Pack	☐ 8.8mcg/22mcg Titration Pack	☐ **Titration to 22mcg dose:** Weeks 1–2: Inject 4.4mcg SQ 3 times a week. Weeks 3–4: Inject 11mcg SQ 3 times a week. Week 5: Start injecting 22mcg SQ 3 times a week. ☐ **Titration to 44mcg dose:** Weeks 1–2: Inject 8.8mcg SQ 3 times a week. Weeks 3–4: Inject 22mcg SQ 3 times a week. Week 5: Start injecting 44mcg SQ 3 times a week.	☐ 1 Titration Kit = six 8.8mcg+ six 22mcg Syringes	
☐ Rebif PFS ☐ Rebif Rebidose Autoinjector	☐ 22mcg ☐ 44mcg	☐ Inject 22mcg SQ 3 times a week. ☐ Inject 44mcg SQ 3 times a week. ☐ Other_____	☐ 12	
☐ Aubagio	☐ 7mg tab ☐ 14mg tab	☐ Take 1 tablet PO daily.	☐ 28	
☐ Plegridy PFS ☐ Plegridy Autoinjector	☐ Titration Pack ☐ 125mcg/0.5ml	☐ Titration Dose: Inject 63mcg on SQ day 1, 94mcg on Day 15, then 125mcg on Day 29 and every 14 days therafter. ☐ Inject 125mcg SQ every 14 days.	☐ 1Titration Kit = Two Pen/PFS ☐ 2	
☐ Tecfidera	☐ Starter Kit ☐ 120mg DR cap ☐ 240mg DR cap	☐ Titration Dose: Take 120mg PO twice daily for 7 days, then take 240mg PO twice daily therafter. ☐ Take 240mg PO twice daily. ☐ Other_____	☐ 1 Starter Kit (60 Caps) ☐ 60 Caps	

X _____
PRODUCT SUBSTITUTION PERMITTED (Date)
Ancillary supplies and kits provided as needed for administration

X _____
DISPENSE AS WRITTEN (Date)

PHYSICIAN SIGNATURE REQUIRED

Date Needed: _____ Medication Start Date: _____