ardon

Multiple Sclerosis Enrollment Form
Phone: 855-425-4085
Fax: 855-425-4096
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: ☐ Relapsing Remitting ☐ Primary Progressive ☐ Progressive – Relapsing ☐ Secondary Progressive with Relapses **Diagnosis:** G35 Multiple Sclerosis ☐ 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	☐ **Titration Dosing:** Weeks 1–2: Inject 0.0625mg (0.25ml) SQ QOD. Weeks 3–4: Inject 0.125mg (0.5ml) SQ QOD. Weeks 5–6: Inject 0.1875mg (0.75ml) SQ QOD. Week 7: Start injecting 0.25mg (1ml) SQ QOD. ☐ 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	☐ **Titration Dosing:** Weeks 1–2: Inject 0.0625mg (0.25ml) SQ QOD. Weeks 3–4: Inject 0.125mg (0.5ml) SQ QOD. Weeks 5–6: Inject 0.1875mg (0.75ml) SQ QOD. Week 7: Start injecting 0.25mg (1ml) SQ QOD. ☐ Inject 0.25mg (1ml) every other day.	☐ 15 Vials	
☐ Gilenya	☐ 0.5mg Cap	☐ Take 1 cap PO daily.	☐ 30	
☐ Rebif Titration Pack ☐ Rebif Rebidose Titration Pack	☐ Titration Pack ☐ 22mcg ☐ 44mcg	☐ **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 tab PO daily.	☐ 28	

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: _____