EVENTUS RX
QUICKER ACCESS, BETTER OUTCOMES

Fort Myers, FL Phone: 866-249-2696 Fax: 866-330-7487
E-Prescribe: NPI # 1770090482 Visit Us Online: eventusrx.com

UROLOGY
Patient Referral Form

DATE: _____ NEEDS BY DATE: _____

Patient Information

Patient Name

Address

City, State, Zip

Main Phone Alternate Phone

Social Security #

Date of Birth ☐ Male ☐ Female

Provider Information

Prescriber Name

DEA # NPI # License #

Address

City, State, Zip

Phone Fax

Contact Person

Clinical Information

O Diagnosis Code: _____ Allergies: _____

O Treatment Naïve? _____ O Previously Treated?: _____

Prior treatment used: _____

Renal Dysfunction: Yes ____ No ____ Liver Dysfunction: Yes ____ No ____

O H/H (Hemoglobin/Hematocrit): _____ _____

Date and value of last HbA1c _____

Date and value of last Serum PSA _____

Date and value of last Serum Testosterone _____

Date of Orchiectomy _____/_____/_____

O Current GnRH antagonist therapy:

Lupron Zoladex Firmagon OR Bilateral Orchiectomy

O Duration of previous therapy: From _____ to _____

Total of: _____ months

Product	Quantity	Prescription Information	Supply	Refills
O Zytiga	O 250mg O 500mg	____ Take 4 tablets by mouth daily with food. ____ Take 2 tablets by mouth daily with food.		
O Abiraterone		____ Take ____ tablets by mouth daily with food.		
O Xtandi	O 40mg	Take _____ capsules by mouth daily with or without food.		
O Erleada	O 60mg	____ Take 4 tablets by mouth daily with food. ____ Take 3 tablets by mouth daily with food.		
O Nilandron®	glecaprevir/pibrentasvir 100mg/40mg	____ 300mg PO once daily for 30 days, then 150mg PO once daily. ____ 150 mg PO once daily.		
O Lupron				
O Zoladex				
O Eligard				
O Trelstar				
O Emcyt	O 140mg			
O Xgeva	O 120mg			
O Other				

By signing this form and utilizing our services, you are authorizing Eventus Rx, Inc to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) Substitution Permitted Date Prescriber's Signature (no stamps) Dispense As Written Date

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