



**Phone: 1-888-899-7447**  
**Fax: 1-866-368-9808**

## CAP Urology Patient Order Form

### PATIENT INFORMATION

Patient Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Allergies		<input type="checkbox"/> NKDA
Date of Birth		SSN#	Weight _____ <input type="checkbox"/> kg <input type="checkbox"/> lb		Date
Address		City	State	Zip	
Phone # (Home)	(Work)	Email address (optional)			

### INSURANCE INFORMATION (PLEASE ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF ALL INSURANCE CARDS)

Primary Insurance		Medicare ID
Group #	Policy #	Phone #
Secondary Insurance	Policy #	Phone #

### DIAGNOSIS INFORMATION (Please specify primary and secondary diagnoses)

Primary ICD-9	Secondary ICD-9
Is patient new to therapy? <input type="checkbox"/> yes <input type="checkbox"/> no    Date of diagnosis	

### PRESCRIPTION INFORMATION

Medication	Dose	Directions/Frequency of Administration	Total # Doses
<input type="checkbox"/> Plenaxis	<input type="checkbox"/> 100 mg <input type="checkbox"/> _____	<input type="checkbox"/> IM on day ____ <input type="checkbox"/> IM every 4 weeks	
<input type="checkbox"/> Trelstar Depot	3.75 mg	<input type="checkbox"/> IM every month	
<input type="checkbox"/> Trelstar LA	11.25 mg	<input type="checkbox"/> IM every 3 months (84 days)	
<input type="checkbox"/> Vantas	50 mg	<input type="checkbox"/> SQ implant every 12 months	
<input type="checkbox"/> Viadur	72 mg	<input type="checkbox"/> SQ implant every 12 months	
<input type="checkbox"/>			
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### DELIVERY INSTRUCTIONS

<b>Order will be shipped to the address provided below. Physician must be registered with CAP at this location and this must be the site of administration.</b>	<b>Administration Date *</b>
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### PHYSICIAN CONTACT INFORMATION & AUTHORIZATION

Physician Name	Office Contact	Institution
Phone	Fax	Specialty
Address		City/State/Zip
DEA #	UPIN #	
CAP PIN #	NPI #	

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(required to process prescription – stamped signatures are not permissible)

**\*If this order is needed in less than 48 hours please call 888-899-7447 to place order.**