



Prepare for the Flare™

Now Available through Restore Rx

5169 Brunswick Rd.
Brunswick, TN 38014
phone / 877.388.0507
fax / 901.388.0407

Patient Information			
First Name:		M.I.	Last Name:
DOB:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Email:	
Best Contact Number: ()		(circle) Home/Work/Cell	
Alternate Number: ()		(circle) Home/Work/Cell	
Home Address: Street		Delivery Address (if different): Street	
City	State	Zip	City State Zip

Patient Insurance Information			
Prescription Insurance Provider:			
Policy #:	Group #/RxGRP:	RxBIN:	RxPCN:
Name of Insured:		Relationship to Insured:	

TERMS AND CONDITIONS: Patients must have a valid prescription for ColciGel™ (type and day supply bottle). By enrolling, the patient elects to receive the branded product and acknowledges that no generic substitution will be offered (if applicable).

Prescribers
Fax: Complete form and submit to 1-901.388.0407 . Upon receipt of Rx, the pharmacy will contact the patient for payment and delivery scheduling.
eScribe: Select Restore Rx in your eScribe system and send electronically. If you need help locating Restore Rx, please contact your system administrator.

PRESCRIBER AND PRESCRIPTION INFORMATION		
<p>To be completed by prescriber -or- attach your prescription to the lower half of this form, -or- ePrescribe to <i>Restore Rx</i> Brunswick, TN 38014</p>	<div style="text-align: center;"> <p>COLCIGEL™ - 2 PAK 30mL (15mL x 2 Bottles) = 120 Doses NDC-35781-0400-4</p> <input type="checkbox"/> Apply 1-4 pumps up to four times per day. </div> <p>Circle desired refills: 1 2 3 other: ___ Medically necessary for emergency flares.</p>	
	Notes to Pharmacy	
	Prescriber Name	NPI#
	Prescriber Address	
	Office Contact Name	Prescriber Phone/FAX
	Please specify the diagnosis and ICD-9/ICD-10 code:	
	PRESCRIBER SIGNATURE	Date