COLCIGEL®

Prepare for the Flare™

Now Available through SMP Pharmacy Solutions

SMP PHARMACY SOLUTIONS

6050 S. Dixie Hwy, South Miami, FL 33143
ColciGel contact: 786-361-1111
phone / 305-740-9696
Mon-Fri 9am-7pm

Patient Information

First Name:		M.I.	Last Name:
DOB:	Gender: ❑ M ❑ F	Email:	
Best Contact Number: ( )		(circle) Home/Work/Cell	
Alternate Number: ( )		(circle) Home/Work/Cell	
Home Address: Street City State Zip		Delivery Address (if different): Street 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 **1.855.447.6637**. Upon receipt of Rx, the pharmacy will contact the patient for payment and delivery scheduling.

eScribe: Select SMP Pharmacy Solutions in your eScribe system and send electronically. If you need help locating SMP Pharmacy Solutions, please contact your system administrator.

PRESCRIBER AND PRESCRIPTION INFORMATION

To be completed by prescriber
-or-
attach your prescription to the lower half of this form,
-or-
ePrescribe to
SMP Pharmacy Solutions
NCPDP/NABP: 5710365
NPI: 1831481027
6050 S. Dixie Hwy.
South Miami, FL 33143

℞

COLCIGEL™ - 2 PAK

30mL (15mL x 2 Bottles) = 120 Doses | NDC-35781-0400-4

☐ Apply 1-4 pumps up to four times per day.

Circle desired refills: 1 2 3 other:___

Medically necessary for emergency flares.

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