



313 Henderson Drive
 Sharon Hill, PA 19079
 phone / 800.906.7798
 fax / 877.381.3806

Prepare for the Flare™

Now Available through Acro Pharmaceutical Services

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
<p>Fax: Complete form and submit to 1-877.381.3806. Upon receipt of Rx, the pharmacy will contact the patient for payment and delivery scheduling.</p> <p>eScribe: Select Pharmaceutical in your eScribe system and send electronically. If you need help locating Acro, please contact your system administrator.</p>

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>Acro Pharmaceutical</i> Sharon Hill, PA 19079</p>	<div style="text-align: center;"> <h3>COLCIGEL® - 2 PAK</h3> <p>30mL (15mL x 2 Bottles) = 120 Doses NDC-35781-0400-4</p> <p><input type="checkbox"/> Apply 1-4 pumps up to four times per day.</p> <p>Circle desired refills: 1 2 3 other: ___</p> <p>Medically necessary for emergency flares.</p> </div>	
	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