



Faxed prescriptions will only be accepted from a prescribing practitioner.
Patients must bring an original prescription to the pharmacy.

Dermatology Prescription Referral Form

2026 Babcock Road, Suite # 104 • San Antonio- 78229, TX
Ph : 210.467.5174 • Fax: 210.467.5184 • www.AssureRxPharmacy.com

1: Patient Information

Patient Name: _____ Birthdate: _____ Sex: Male Female
Preferred Phone: _____ Known Allergies: _____
Address: _____ City: _____ State: _____ Zip: _____

Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

2: Prescriber Information

Provider Name: _____ DEA#: _____ NPI#: _____
Address: _____ Phone: _____ Fax: _____
City, State, Zip: _____ Key Contact: _____ Phone: _____

DRUG NAME	PRESCRIPTION ORDERS (PLEASE CHECK ONE OR MORE)	QTY	REFILLS
Cosentyx Limited Distribution	150mg Senoready Pen 150mg Prefilled syringe Induction: Inject 300 mg subcutaneously at Weeks 0, 1, 2, 3. Maintenance: Inject 300mg subcutaneously every 4 weeks starting at week 4.	28 Day Supply	0
		28 Day Supply	
Dupixent	300mg Prefilled syringe Induction: Inject 600mg (2 syringes) subcutaneously on day 1, begin maintenance on day 15. Maintenance: Inject 300mg subcutaneously every other week	14 Day Supply	0
		28 Day Supply	
Enbrel	50mg Sureclick 50mg Prefilled syringe Mini Induction: Inject 50mg subcutaneously twice weekly for three months then maintenance dose Maintenance: Inject 50mg subcutaneously weekly Other: _____	84 Day Supply	0
		28 Day Supply	
Enbrel	25mg Vial kit 25mg Prefilled syringe Inject 25mg subcutaneously twice weekly Other: _____	28 Day Supply	
Humira Humira - Citrate Free	40mg Pen 40mg Prefilled syringe Psoriasis Induction: Inject 80mg subcutaneously on day 1, followed by 40mg every other week starting on day 8 Psoriasis Maintenance : Inject 40mg subcutaneously every other week HS Induction: Inject 160mg subcutaneously on day 1, then 80mg on day 15, maintenance dose on day 29 HS Maintenance: Inject 40mg subcutaneously every week	1 starter kit	0
		28 Day Supply	
		1 starter kit	0
Ilumya	100mg Prefilled Syringe Induction: Inject 100mg under the skin at week 0 and 4, then every 12 weeks thereafter Maintenance: Inject 100mg under the skin every 12 weeks	28 Day Supply	0
		84 Day Supply	
Otezla	28 Day Starter Pack Induction: Take as follows: Day 1 - 10mg in AM, Day 2 - 10mg in AM/10mg in PM, Day 3 - 10mg in AM/20mg in PM, Day 4 - 20mg in AM/20mg in PM, Day 5 - 20mg in AM/30mg in PM, Day 6 and after 30mg twice daily	28 Day Supply	0
Otezla	30mg tablets Maintenance: Take 30mg by mouth twice a day. Bridge: Take 30mg by mouth twice a day, dispensed by OSP.	30 Day Supply	
		14 Day Supply	12
Siliq	210mg Prefilled Syringe Induction: Inject 210mg under the skin at week 0, and 1 Maintenance: Inject 210mg under the skin every 2 weeks starting at day 15	14 Day Supply	0
		28 Day Supply	
Stelara	45mg Prefilled syringe 90mg Prefilled syringe < 100kg Body Weight: Inject 45mg subcutaneously on Day 1, again after 4 weeks, then every 12 weeks after. > 100kg Body Weight: Inject 90mg subcutaneously on Day 1, again after 4 weeks, then every 12 weeks after.	28 Day Supply	
		84 Day Supply	
Taltz	80mg Prefilled syringe 80mg Pen Starting Dose: Inject under the skin two 80 mg injections on Day 1. Starting Dose w/ Induction: Inject under the skin two 80 mg injections on Day 1, then begin first induction dose 2 weeks later. Induction Dose: Inject under the skin one 80 mg injection every 2 weeks (weeks 4-10) Final Induction Dose: Inject under the skin one 80 mg injection (week 12). Maintenance Dose: Inject under the skin one 80 mg injection every 4 weeks.	2	0
		3	0
		2	1
		1	0
		1	
Tremfya	100mg Prefilled Syringe Induction: Inject 100mg under the skin at week 0, then begin maintenance at week 4. Maintenance: Inject 100mg under the skin every 8 weeks.	28 Day Supply	0
		56 Day Supply	

Prescriber Signature: Prescriber, please sign and date below

Dispense as written

Date

Substitution Permissible

Date

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately. Pursuant to VA/OH/MO/VT law, only 1 medication is permitted per order form. Please use a new form for additional items.

of Prescriptions: _____