

Soliris[®] Enrollment Form

Phone#: 877-778-0318 Fax#: 877-778-039	99

			Patient Informat	tion				
Patient Name:		DOB:	Sex: Male	🗌 Female	SSN:	Wt (kg/lbs):		Ht (cm/in):
Address:					Phone:		Alternate:	
Caregiver Name:			Relation to Patient:			Phone	2:	
Insurance Plan:	Plan ID:		BIN #:		PCN #:		GRP #:	
		Please fax a cop	y of the front and back o	of the insura	nce card(s).			
		Presc	riber + Shipping Iı	nformatio	on			
Prescriber Name:			DEA:			NPI:		
Address:								
Phone:	Alternate:		Fax:		Email:			
Needs by Date:	Ship to: Patient	Office	Other:					
Needs by Date	· —		ase fax all pertiner		and lab inform	mation)		
Diagnosis (ICD-10): 🗌 🗌	059.5 Paroxysmal Nocturnal Hemo	oglobinuria (PNH)	D59.3 Atypical Hemolytic	Uremic Syndro	me (aHUS) 🛛 🗌 G	70.0 Generalized Mya	sthenia Gravi:	s (gMG)
	Other Code:							1
Prior Therapy 🗌 Yes	No	Reason for Discontin	uation of Therapy			Start Date		End Date
		_						
		_						
		_						
Comorbidities:						L.		
Concomitant Medications:								
Concomitant Medications:	ther:							
	ther:	Dose a	nd Directions			Quanti	ity	Refills
Allergies: NKDA 0			nd Directions 10 mg via IV infusion every 7 d	ays for 4 week		Quanti	ity	Refills 0
Allergies: NKDA O	Dose Titration:	Month 1: Administer 60				 4-week supply 4-week supply 	ity	
Allergies: NKDA 0 Diagnosis	Dose Titration:	Month 1: Administer 60 Administer 900mg mg v	00 mg via IV infusion every 7 d	starting week		4-week supply	ity	0
Allergies: NKDA 0 Diagnosis	Dose Titration: Maintenance Dosing:	Month 1: Administer 60 Administer 900mg mg v Month 1: Administer 90	00 mg via IV infusion every 7 d ia IV INFUSION every 2 weeks	starting week		4-week supply 4-week supply 12-week supply 4-week supply 4-week supply	ity	0 1 year supply 0
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I authorize Ameril/harma and its representatives to act as an agent to initiate and execute the insurance prior authorization process for this prescription and any future fills of the same prescription for the patient listed abov I understand that I can revoke this designation at any time by providing written notice to AmeriPharma.

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