

NATESTO DIRECT

ZOLPIMIST DIRECT

Referral Form

Phone: 844.460.0608 Fax: 844.772.1288

Powered by:



Prescriber's Name: _____
 DEA #: _____ NPI: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Office Contact: _____ Office Email: _____

Date: _____ Needs by Date: _____
 Language: _____
 Ship to: Patient Other: _____

PATIENT INFORMATION: Please complete the following or send patient demographic sheet.

Patient Name: _____ Date of Birth: _____ Sex: M F
 Address: _____ City, State, Zip: _____
 Home Phone: _____ Mobile/Alternate: _____ Email: _____

PLEASE ATTACH ALL PRIMARY AND SECONDARY INSURANCE INFORMATION

CLINICAL INFORMATION: Please send recent clinical notes, current medications, labs, and tests to expedite the **Prior Authorization**.

Natesto

Diagnosis: _____ Hypogonadism Yes No Other: ICD-10: _____ Prior Testosterone Tx: Yes No If yes start date: _____ and products: _____
 Does the patient have two pre-treatment serum total testosterone levels less than 280ng/dl (9.7nmol/l) or less than the lab reference range, taken at two separate times? Yes No
 Pre-treatment total testosterone level 1 _____ Pre-Treatment total testosterone level 2: _____ FSH: _____ LH: _____ LHRH Result: _____
 Other relevant clinical information: _____ Risk of transference to household members (significant other, children) Yes No
 Needle phobic Yes No

ZolpiMist

Yes No Continuation of Therapy
 Yes No Has member been on requested medication in past 180 days or is stabilized
 Yes No Has member tried and failed another drug in the medication in the same class
 Failed medications member has at least a 2 week history of or is intolerant to or contraindicated:
 Eszopiclone (generic Lunesta) Zaleplon (generic Sonata) Zolpidem (generic Ambien)

Comments/Notes

PRESCRIPTION INFORMATION

Medication	Strength	Directions/SIG	Quantity	Refill
<input type="checkbox"/> Natesto	<input type="checkbox"/> 5.5mg 60 metered Pumps			
<input type="checkbox"/> ZolpiMist	<input type="checkbox"/> 5mg 30 Metered Sprays			
	<input type="checkbox"/> 5mg 60 Metered Sprays			
Other:				

Phone: 844.460.0608 Fax: 844.772.1288

Natesto information: Natesto@qsprx.com ZolpiMist information: Zolpimist@qsprx.com

Physician Signature: _____ Date: _____

The Natesto and ZolpiMist support programs are administered by Connective Health Services (the "Hub"), and their respective agents. By initiating this request you authorize the Hub to provide benefit verification and patient support services. Your patient will be enrolled in a value added home delivery service providing professional consultation services and complimentary product support items. Your patient has the right to opt out of the program at any times by calling the Hub at 1-844-460-0608. IMPORTANT NOTICE: This facsimile is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the center at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitter material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.