NOBLE HEALTH SERVICES

PULMONOLOGY

E-SCRIBE and FAX ENROLLMENT FORM

☐ **NOBLE NORTHEAST:** E-Scribe: **NOBLE** | Fax: **888-842-3977** | Tel: 888-843-2040

☐ **NOBLE SOUTHEAST:** E-Scribe: **NOBLEMS/TRANSCRIPT** | Fax: **601-420-4040** | Tel: 866-420-4041

Delivery Needed By: _____ Deliver to: ☐ Patient's Home ☐ Physician's Office ☐ Other: _____

PATIENT INFORMATION	PROVIDER INFORMATION
Patient Name: _____ ☐ Male	Prescriber's Name: _____
Street Address: _____ ☐ Female	Office Contact Name: _____
City: _____ State: _____ Zip Code: _____	Address: _____
Phone Number: _____	City: _____ State: _____ Zip Code: _____
Email Address: _____	Phone Number: _____
Last Four of Social: _____ Date of Birth: _____	Fax Number: _____
Translator Needed: ☐ Yes ☐ No Language: _____	DEA/NPI #: _____

INSURANCE - PLEASE FAX A COPY OF PRESCRIPTION CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: _____

ICD-10 Code: _____

Height: _____ ft _____ ins Weight: _____ lbs

Allergies: _____

Other Notes: _____

Has the patient been treated previously for this condition?

☐ Yes ☐ No

Medications Failed: _____

Medications On: _____

PRESCRIPTION INFORMATION

Medication:	Dosage/Strength:	Directions:	Quantity:	Refills:
Adcirca® tadalafil	☐ 20mg tablet	☐ Take 40mg (2 tablets) once a day ☐ Other	☐ _____ day supply	
Ambrisentan	☐ 5mg tablet ☐ 10mg tablet	☐ Take 5 mg by mouth once daily ☐ Take 10 mg by mouth once daily ☐ Other	☐ 30-day supply	
Bethkis®	☐ 300mg/4ml ampule	☐ Administer one ampule twice daily (12 hours apart) by inhalation in alternating repeated cycles of 28 days on drug, followed by 28 days off drug ☐ Other	☐ 4-week supply	
Bosentan	☐ 62.5mg film-coated tablet ☐ 125mg film-coated tablet ☐ 32mg tablet for oral suspension	☐ Take 62.5mg by mouth twice daily ☐ Take 125mg by mouth twice daily ☐ Other	☐ 30 day supply	
Cinqair®	☐ 100mg/10ml vial	☐ Infuse ____ mg (3mg/kg) every 4 weeks via IV	☐ ____ vials ☐ 30 day supply ☐ 90 day supply	
Dupixent®	☐ 200mg/1.14mL solution in single-dose prefilled syringe ☐ 300mg /2mL solution in single-dose prefilled syringe ☐ 300mg/2ml solution in single-dose prefilled PEN	Loading Dose: ☐ Inject 400 mg (two-200mg injections) SC on day 1 ☐ Inject 600 mg (two-300 mg injections) SC on day 1 Maintenance Dose: ☐ Inject 200 mg SC every other week ☐ Inject 300 mg SC every other week	☐ 30 day supply ☐ 90 day supply	
Kitabis Pak	☐ 300mg/5ml ampule	☐ Administer one ampule twice daily (12 hours apart) by inhalation in alternating repeated cycles of 28 days on drug, followed by 28 days off drug ☐ Other	☐ 4 week supply	

☐ Patient is interested in patient support programs ☐ Ancillary supplies provided for administration

Physician Signature: _____ Date: _____

NATIONALLY ACCREDITED. **100% EMPLOYEE OWNED.**

www.noblehealthservices.com

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Phone Number: _____	City: _____ State: ____ Zip Code: _____
Email Address: _____	Phone Number: _____
Last Four of Social: _____ Date of Birth: _____	Fax Number: _____
Translator Needed: ☐ Yes ☐ No Language: _____	DEA/NPI #: _____

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ICD-10 Code: _____

Height: _____ ft _____ ins Weight: _____ lbs

Allergies: _____

Other Notes: _____

Has the patient been treated previously for this condition?

☐ Yes ☐ No

Medications Failed: _____

Medications On: _____

PRESCRIPTION INFORMATION

Medication:	Dosage/Strength:	Directions:	Quantity:	Refills:
Perforomist®	☐ 20mcg/2ml vial	☐ 20mcg (one 2 mL unit) inhaled via nebulization twice daily, in the morning and evening		
Pulmozyme®	☐ 2.5mg ampule ☐ 1mg/ml ampule	☐ Administer contents of one ampule once daily ☐ Administer contents of one ampule twice daily ☐ Other	☐ 30 ampules ☐ 60 ampules	
Revatio® sildenafil	☐ 20mg tablet ☐ 10mg/12.5ml single use vial ☐ 10mg/ml when reconstituted	☐ Take 20mg (one tablet) three times a day ☐ Other	☐ _____ day supply	
Tobi® Podhaler™	☐ 28mg capsules	☐ Inhale contents of four capsules (112mg) twice daily using Podhaler device ☐ Other	☐ ____ 28 day multipack	
Tobi®	☐ 300mg/5ml ampule	☐ Administer one ampule twice daily (12 hours apart) by inhalation in alternating repeated cycles of 28 days on drug, followed by 28 days off drug	☐ 4 week supply	
Tobramycin	☐ 300mg/5ml ampule	☐ Administer one ampule twice daily (12 hours apart) by inhalation in alternating repeated cycles of 28 days on drug, followed by 28 days off drug	☐ 4 week supply	
Xolair®	☐ 75mg/0.5ml in a single-dose prefilled syringe ☐ 150 mg/ml solution in a single-dose prefilled syringe ☐ 150mg lyophilized powder in a single-dose vial for reconstitution	☐ Inject____ mg every 2 weeks ☐ Inject ____ mg every 4 weeks ☐ Other	☐ 30 day supply ☐ 90 day supply ☐ Other	
Other				

☐ Patient is interested in patient support programs

☐ Ancillary supplies provided for administration

Physician Signature: _____ Date: _____

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