NOBLE HEALTH SERVICES

DERMATOLOGY E-SCRIBE and FAX ENROLLMENT FORM

☐ **NOBLE NORTHEAST:** E-Scribe: **NOBLE** | Fax: **888-842-3977** | Tel: 888-843-2040
☐ **NOBLE CAROLINAS:** E-Scribe: **NOBLE** | Fax: **888-842-3977** | Tel: 888-743-3204
☐ **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

Patient Name: _____ Male: ☐
Address: _____ Female: ☐
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Last 4 of SSN: _____ DOB: _____
Translator: Yes ☐ No ☐ Language: _____
Patient interested in: Support Programs ☐ Ancillary Supplies ☐

PRESCRIBER INFORMATION

Prescriber: _____
Office Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
DEA/NPI #: _____
Signature: _____ Date: _____

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

CLINICAL INFORMATION

Diagnosis: _____ ICD-10 Code: _____
Has the patient been treated previously for this condition: Yes ☐ No ☐ Height:_____ ft _____in Weight:_____ lbs
Allergies: _____ Medications On: _____
Other Notes: _____ Medications Failed: _____

MEDICATION INFORMATION

- ☐ Abrilada® (Humira Interchangeable Biosimilar)
- ☐ Actemra®
- ☐ Amjevita® Citrate-free (Humira Biosimilar)
- ☐ Bimzelx®
- ☐ Botox®
- ☐ Cibinqo®
- ☐ Cimzia®
- ☐ Cosentyx®
- ☐ Cyltezo® Citrate-free (Humira Interchangeable Biosimilar)
- ☐ Duobril®
- ☐ Dupixent®
- ☐ Ebglyss™
- ☐ Enbrel®
- ☐ Enbrel® Mini
- ☐ Hadlima® (Humira Biosimilar)
- ☐ Hulio® (Humira Biosimilar)
- ☐ Humira® Citrate-free
- ☐ Humira® Citrate-free HS Starter Kit
- ☐ Humira® Citrate-free Psoriasis/Uveitis Starter Kit
- ☐ Hyrimoz® (Humira Biosimilar)
- ☐ Idacio® (Humira Biosimilar)
- ☐ Icotyde®
- ☐ Ilumya®
- ☐ Inflectra®
- ☐ Olumiant®
- ☐ Opzelura®
- ☐ Otezla®
- ☐ Rasuvo®
- ☐ Rayos®
- ☐ Remicade®
- ☐ Renflexis®
- ☐ Rinvoq®
- ☐ Selarsdi® (Stelara Biosimilar)
- ☐ Siliq®
- ☐ Simlandi® (Humira Interchangeable Biosimilar)
- ☐ Simponi®
- ☐ Skyrizi®
- ☐ Sotyktu®
- ☐ Stelara®
- ☐ Taltz®
- ☐ Tremfya®
- ☐ Vtama®
- ☐ Wezlana® (Stelara Biosimilar)
- ☐ Yesintek® (Stelara Biosimilar)
- ☐ Yuflyma® (Humira Biosimilar)
- ☐ Yusimry® (Humira Biosimilar)
- ☐ Other: _____

Dosage/Strength:	Route of Administration:	Directions:	Quantity:	Refills:	Dispense as Written:
	☐ Pen ☐ Starter Kit ☐ Syringe ☐ Tablet ☐ Topical ☐ Vial				

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