



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: Prescriber: _____
 Address: _____ Female: Office Contact: _____
 City: _____ State: _____ Zip: _____ Address: _____
 Phone: _____ Email: _____ City: _____ State: _____ Zip: _____
 Last 4 of SSN: _____ DOB: _____ Phone: _____ Fax: _____
 Translator: Yes No Language: _____ DEA/NPI #: _____
 Patient interested in: Support Programs Ancillary Supplies Signature: _____ Date: _____

PRESCRIBER INFORMATION

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

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

| Dosage/Strength: | Route of Administration: | Directions: | Quantity: | Refills: | Dispense as Written: |
|------------------|--|-------------|-----------|----------|----------------------|
| | <input type="checkbox"/> Pen <input type="checkbox"/> Starter Kit <input type="checkbox"/> Syringe <input type="checkbox"/> Tablet <input type="checkbox"/> Topical <input type="checkbox"/> Vial | | | | |

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