PULMONOLOGY E-SCRIBE and FAX ENROLLMENT FORM

NOBLE HEALTH SERVICES

☐ **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 | PRESCRIBER INFORMATION

PATIENT INFORMATION	PRESCRIBER 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: _____

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

☐ Adcirca® (tadalafil)   ☐ Pulmozyme®
☐ Ambrisentan   ☐ Revatio® (sildenafil)
☐ Bethkis®   ☐ Tobi®
☐ Bosentan   ☐ Tobi® Podhaler™
☐ Cinqair®   ☐ Tobramycin
☐ Dupixent®   ☐ Xolair®
☐ Kitabis Pak   ☐ Other:_____
☐ Perforomist®

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

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