



# IBD/CROHN'S & COLITIS 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"/> Humira® Citrate-free   | <input type="checkbox"/> Omvoh™  | <input type="checkbox"/> Tremfya®                       |
| <input type="checkbox"/> Amjevita® Citrate-free (Humira Biosimilar)                | <input type="checkbox"/> Humira® Citrate-free Adult Crohn's/UC/HS   | <input type="checkbox"/> Rayos®  | <input type="checkbox"/> Wezlana® (Stelara Biosimilar)  |
| <input type="checkbox"/> Cimzia®   | <input type="checkbox"/> Humira® Citrate-free Pediatric Crohn's Disease (Age 6+/ <sup>17</sup> kg (37lb) to <40kg (88lb)) | <input type="checkbox"/> Remicade®                                     | <input type="checkbox"/> Xeljanz®                       |
| <input type="checkbox"/> Cyltezo® Citrate-free (Humira Interchangeable Biosimilar) | <input type="checkbox"/> Hulio® (Humira Biosimilar)   | <input type="checkbox"/> Renflexis®                                    | <input type="checkbox"/> Xeljanz XR®                    |
| <input type="checkbox"/> Dupixent®   | <input type="checkbox"/> Humira® Citrate-free Pediatric Crohn's Disease (Age 6+/40kg (88lb) and greater)                  | <input type="checkbox"/> Rinvoq®                                       | <input type="checkbox"/> Yesintek® (Stelara Biosimilar) |
| <input type="checkbox"/> Entyvio®  | <input type="checkbox"/> Hyrimoz® (Humira Biosimilar)   | <input type="checkbox"/> Selarsdi® (Stelara Biosimilar)                | <input type="checkbox"/> Yuflyma® (Humira Biosimilar)   |
| <input type="checkbox"/> Entyvio SC®   | <input type="checkbox"/> Idacio® (Humira Biosimilar)  | <input type="checkbox"/> Simlandi® (Humira Interchangeable Biosimilar) | <input type="checkbox"/> Yusimry® (Humira Biosimilar)   |
| <input type="checkbox"/> Hadlima® (Humira Biosimilar)                              | <input type="checkbox"/> Inflectra®   | <input type="checkbox"/> Simponi®                                      | <input type="checkbox"/> Zeposia®                       |
|  |   | <input type="checkbox"/> Skyrizi®                                      | <input type="checkbox"/> Zymfentra™                     |
|  |   | <input type="checkbox"/> Stelara®                                      | <input type="checkbox"/> Other: _____                   |

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				

NATIONALLY ACCREDITED. 100% EMPLOYEE OWNED. WWW.NOBLEHEALTHSERVICES.COM

**Important Notice:** This communication contains information that is confidential and protected from disclosure. If the reader of this message is not the intended recipient, employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please reply to the sender that you have received the message in error and destroy this copy. Q420251