Please fax all pages of completed form to your team at 888.302.1028.

To reach your team, call toll-free 844.516.3319.

You can now monitor shipments and chat online if you have questions. Go to <u>MyAccredoPatients.com</u> to log in or get started.

Prescription & Enrollment Form nitisinone capsules



Four simple steps to submit your referral.

1 Patient Information

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Please provide copies of front and back of all medical and prescription insurance cards.

New patient Current	patient			
Patient's first name		Last name		Middle initial
Preferred patient first name _		Pre	eferred patient last name	
Sex at birth: Male Fem	ale Gender identity _	Pronouns	š	Last 4 digits of SSN
Date of birth	Street address			Apt #
City		State		Zip
Home phone	Cell ph	one	Email address	
Parent/guardian (if applicable	e)			
Alternate caregiver/contact _				
Home phone	Cell ph	one	Email address	
OK to leave message with	alternate caregiver/con	tact		
Patient's primary language:	English Other	If other, please specify		

2 Prescriber Information

All fields must be completed to expedite prescription fulfillment.

Date	Time	Time Date medication needed		
Office/clinic/institution name				
Prescriber's first name	Prescriber's first name Last name			
Prescriber's title	If NP or PA, under direction of Dr			
Office phone	Fax	NPI #	License #	
Office contact and title		Office conta	ct email	
Office street address			Suite #	
City		State	Zip	
Deliver product to: Prescril	ber's office Patient's home			

3 Clinical Information

Patient wt _		Date wt obtained
NKDA	Known drug allergies _	
Concurrent i	meds	

Patient's first name	Last name	Middle initial	Date of birth
Prescriber's first name	Last name	Phone	

4 Prescribing Information

Medication	Strength/Formulation	Directions	Quantity/Refills	
nitisinone capsules	2mg capsules 5mg capsules 10mg capsules 20mg capsules	Take the following dose in the morning by mouth: 2mg capsules5mg capsules 10mg capsules20mg capsules Take the following dose in the evening by mouth: 2mg capsules5mg capsules 10mg capsules20mg capsules 10mg capsules20mg capsules Take doses at least one hour before or two hours after a meal. Total daily nitisinone dose to equal mg/kg/day. Divide dose time(s) per day.	Dispense: 1-month supply 3-month supply Other Refills	
Additional special instructions:				
Other			1-month supply 3-month supply Other Refills	

If shipped to physician's office or infusion clinic, physician accepts on behalf of patient for administration in office or infusion clinic.

Prescriber's signature required (sign below) (Physician attests this is his/her legal signature. NO STAMPS)

SIGN HERE				
HERE	Date	Dispense as written	Date	Substitution allowed

The prescriber is to comply with his/her state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Non-compliance with state-specific requirements could result in outreach to the prescriber.



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