

Phone: (888) 218-8897 • Fax: (844) 470-1931

Prescription Information and Enrollment Form

Please Fax Completed Form to Woodward Saves: (844) 470-1931

PATIENT INFORMATION

First Name:		Last Name:		Date of Birth:	
				Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Cell Phone:	Home Phone:	Email:			
Preferred Method of Contact: <input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> Email					
Address:			City:	State:	Zip:

PRESCRIBER INFORMATION

First Name:		Last Name:		NPI:	
Phone:	Fax:	Email:			
Address:			City:	State:	Zip:
Prior Auth Coordinator:			Email:		
Phone:		Ext:	Fax:		

PATIENT DIAGNOSIS *Please provide lab test results and chart notes confirming diagnosis.

Diagnosis:	ICD-10 Code:
New to Therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No, Start Date of Current Therapy:	

PRESCRIPTION INFORMATION

Drug: Humatin (paromomycin sulfate) 250mg capsules		
Quantity:	Day Supply:	# Refills:
Directions:		
Prescriber Signature:		Date:

Brand Medically Necessary (Must Handwrite):

PATIENT INSURANCE INFORMATION *Please attach a copy of both sides of patient's insurance card.

Primary Insurance:		Policyholder Name:	
Pharmacy Help Desk #:		Relationship to Patient:	
Member ID:	Rx BIN:	PCN:	Rx Group: