

Waylis Access & Affordability Program

ProModRx

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

Prescription Information and Enrollment Form

Please see bottom of page for E-Prescribing instructions

PATIENT INFORMATION (REQUIRED)

| | | |
|---|-------------|---|
| 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 (REQUIRED)

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

PATIENT DIAGNOSIS (REQUIRED)

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

PRESCRIPTION INFORMATION (REQUIRED)

| | | |
|--|---------------|----------|
| Rx: AVODART 5mg soft-gel capsules | | |
| Quantity: | 90-Day Supply | Refills: |
| Directions: | | |
| Prescriber Signature: | | Date: |

E-PRESCRIBE (PHARMACY LOOK-UP INFO)

| | |
|-----------|---|
| Pharmacy: | ProCare Pharmacy Care |
| NPI: | 1427160357 |
| NCPDP: | 1098121 |
| Address: | 2850 N. Commerce Parkway, Miramar, FL 33025 |

OTHER METHODS OF SUBMITTING AN RX

| | |
|---------|----------------|
| Fax: | (844) 470-1931 |
| Verbal: | (888) 218-8897 |