Tirosint® (levothyroxine sodium) capsules

Tirosint®-SOL (levothyroxine sodium) oral solution

KnippeRx™ Specialty Pharmacy Services

Phone: (855) 647-7379
Fax: (855) 774-3879

TIROSINT DIRECT PROGRAM Enrollment Form

Deliver to: ☐ **Patient** ☐ **Prescriber** ☐ **Other:**_____ ☐ **Hold until notified by prescriber** **Anticipated Start Date:** ___/___/___

PATIENT INFORMATION

Last Name:_____ First Name:_____

Home Address: _____

City: _____ State:_____ Zip: _____

Date of Birth:_____/_____/_____ ___S.S. #:_____-___-_____

Guardian / Caregiver: _____

Patient Preferred Language: _____

Mobile: (_____) _____Alt: (_____) _____

Patient Emergency Contact: _____

Email:_____

Allergies: _____

PATIENT INSURANCE INFORMATION: *(Please fax front and back copy of all insurance cards - prescription & medical)*

Medical Insurance:_____Phone: _____

Subscriber Name: _____

Policy #:_____ Group #: _____

Pharmacy Insurance:_____ Phone #:_____

Policy #:_____ BIN:_____ PCN: _____

Group ID #:_____ Medicare /Medicaid: _____

PRESCRIBER INFORMATION

Prescriber Name: _____

MD ☐ DO ☐ NP ☐ PA ☐ Practice: _____

Address: _____

City: _____State:_____ ZIP: _____

License #:_____ NPI:_____ DEA:_____

Phone:_____Fax_____

Contact:_____Phone:_____

DIAGNOSIS AND CLINICAL INFORMATION

Diagnosis:_____ICD-10 _____

Tried and failed prior therapy(ies):_____

PRESCRIPTION INFORMATION

☐ **Capsules** ☐ **Solution** **Dose** (insert total strength):_____

Dispense: _____ **Monodose ampules** for each strength below that is checked | Refills: _____

Dispense: _____ **Capsules** for each strength below that is checked | Refills: _____

Directions:

☐ 13 mcg ☐ 25mcg ☐ 50mcg ☐ 75mcg ☐ 88mcg ☐ 100 mcg

☐ 112 mcg ☐ 125 mcg ☐ 137mcg ☐ 150mcg ☐ 175mcg ☐ 200 mcg

Prescriber Authorization: _____ *Date:*___/___/_____

(No Stamps. Signature and date must be completed in prescirber's handwriting. NY prescriptions must be submitted via e-script.)

Please complete and sign form. Fax form to: (855) 774-3879

IBSA enabled provider • KnippeRx Inc., 1250 Patrol Road, Charlestown, IN 47111
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