



Prepare for the Flare™
 Now Available through Apogee Bio-Pharm

180 Raritan Center Parkway Suite 101
 Edison, New Jersey 08837
 toll-free / 855 727-6433 (7APOGEE)
 phone / 732 902-6575 fax / 609 534-5693

Patient Information			
First Name:		M.I.	Last Name:
DOB:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Email:
Best Contact Number: []		(circle) Home/Work/Cell	
Alternate Number: []		(circle) Home/Work/Cell	
Home Address: Street		Delivery Address (if different): Street	
City	State	Zip	City State Zip

Patient Insurance Information			
Prescription Insurance Provider:			
Policy #:	Group #/RxGRP:	RxBIN:	RxPCN:
Name of Insured:		Relationship to Insured:	

TERMS AND CONDITIONS: Patients must have a valid prescription for ColciGel™ [type and day supply bottle]. By enrolling, the patient elects to receive the branded product and acknowledges that no generic substitution will be offered [if applicable].

Prescribers
<p>Fax: Complete form and submit to 1-609-534-5693. Upon receipt of Rx, the pharmacy will contact the patient for payment and delivery scheduling.</p> <p>eScribe: Select Apogee Bio-Pharm in your eScribe system and send electronically. If you need help locating Apogee Bio-Pharm, please contact your system administrator.</p>

PRESCRIBER AND PRESCRIPTION INFORMATION		
To be completed by prescriber -or- attach your prescription to the lower half of this form, -or- ePrescribe to <i>Apogee Bio-Pharm</i> Edison, NJ 08837		
	COLCIGEL™ - 2 PAK 30mL (15mL x 2 Bottles) = 120 Doses NDC-35781-0400-4 <input type="checkbox"/> Apply 1-4 pumps up to four times per day.	
	Circle desired refills : 1 2 3 other: ___ Medically necessary for emergency flares.	
	Notes to Pharmacy	
	Prescriber Name	NPI#
	Prescriber Address	
	Office Contact Name	Prescriber Phone/FAX
	Please specify the diagnosis and ICD-9/ICD-10 code	
PRESCRIBER SIGNATURE	Date	