

TO: Care Fusion Rx fax 855-733-9898 phone 855-4-CARERX (855-422-7379)	FROM: fax phone
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- Urgent For Review Please Comment Please Reply Please Recycle

**FOR TIMELY PROCESSING OF MY PATIENT'S PRESCRIPTIONS,
THE FOLLOWING DETAIL IS INCLUDED WITHIN THIS FAX:**

- Rx** (prescription signed and dated by prescriber)
- Insurance Information** (include copy of insurance card if available)
- Patient Demographics** (include patient's height and weight)
- Recent Clinical Notes** (history and physical, most recent progress notes)
- Diagnosis Documentation** (i.e. labs, diagnostic studies, biopsy, etc.)

ADDITIONAL INCLUDED DOCUMENTATION (BY DISEASE STATE):

- Primary Immunodeficiency** (labs/Ig levels, tried and failed medications, pneumococcal antibody titers)
- CIDP/GBS/MMN** (EMG, nerve conduction study, lumbar puncture, labs, tried and failed medications)
- MG** (serologic testing, tried and failed medications, any notes that describe exacerbations or MG crisis)
- Pemphigus/Pemphigoid** (labs, skin biopsy, tried and failed medications)
- Polymyositis/Dermatomyositis** (labs, skin/muscle biopsy, tried and failed medications)

comments

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