



Specialty Pharmacy With A Personal Touch

Rheumatology Referral Form
Please fax to:
866.279.3315

402 Wilkins Wise Road, Ste. 38
Columbus, MS 39705
p. 866.279.3314

Form with patient information fields (Name, DOB, Address, etc.), medication selection sections (ACTEMRA, HUMIRA, CIMZIA, STELARA, ENBREL, SIMPONI, XELJANZ XR, XELJANZ, ORENCIA, OTEZLA, COSENTYX, KEVZARA), and delivery/training options.

***By signing this form and utilizing our services, you are authorizing EntrustRx and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Physician's Signature DAW, Substitution Allowed, Date, Physician Name, Office Contact, Address, Phone, Fax, City/St/Zip, NPI, DEA.