



Specialty Pharmacy With A Personal Touch

Rheumatology Referral Form
Please fax to:
855.273.3925

2001 Campbell Station Pkwy, Ste A5
Spring Hill, TN 37174
p. 855.273.3924

Form containing patient information, diagnosis, and medication options for ACTEMRA, HUMIRA, CIMZIA, STELARA, ENBREL, SIMPONI, XELJANZ XR, XELJANZ, ORENCIA, OTEZLA, COSENTYX, and KEVZARA. Includes checkboxes for various dosages and administration methods, and fields for quantity and refills.

***By signing this form and utilizing our services, you are authorizing EntrustRx and it's 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