Ochsner Specialty Pharmacy

Ochsner Specialty Pharmacy – New Orleans
1405 Jefferson Hwy, Suite A
New Orleans, LA 70121

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Baton Rouge, LA 70809

Pharmacy Contact Information

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Toll-Free: 1-855-312-4193
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Website: www.ochsnerspecialtypharmacy.com

General Provider Referral Form

PATIENT INFORMATION:

Patient Name: _____

Date of Birth: _____ Male: ☐ Female: ☐

Address: _____

City/State/Zip: _____

Tel: _____ Alt Tel: _____

SSN#: _____ Wt (kg): _____ Ht (in): _____

NKDA: ☐ Allergies: _____

DIAGNOSIS AND CLINICAL INFORMATION:

Diagnosis and ICD10: _____

Prescribed therapy: _____

Prior failed therapy: _____

PRESCRIBER INFORMATION:

Prescriber Name: _____ Specialty: _____

Address: _____ City/State/Zip: _____

Contact Name: _____ Phone #: _____ Fax #: _____

NPI#: _____ DEA #: _____ UPIN #: _____

Please submit the prescription either through e-scribe or by faxing a hard copy along with the signed form. To help streamline the review process, we recommend including any relevant chart notes, lab results, or clinical documentation that supports the medication request. If supporting documentation is not provided, our team may be unable to appropriately monitor the patient, which could lead to delays in care.

By submitting medical record documentation to us and using our services, ***you are authorizing Ochsner Specialty Pharmacy to serve as your designated agent to complete prior authorization, appeals, patient financial assistance and*** *coordination with prescription and medical insurance companies and/or* ***to clinically and collaboratively monitor your patient****.*

Prescriber Printed Name: _____ Date: _____

Prescriber Signature Below: (*Physician attests this is his/her legal signature. NO STAMPED SIGNATURES.*)

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