

MENTAL HEALTH REFERRAL FORM A

ABILIFY - ARISTADA



DELIVERIT™
Infusion & Specialty

Phone +1.832.939.8137

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Patient Demographic Information

(Or Attach Face Sheet from Patient Chart)

Patient Name		DOB		Gender	Male ☐ Female ☐	Weight	—— lbs ☐ kg ☐		
SSN		Phone		Allergies					
Address				City		State		Zip Code	

Patient Insurance Information

(Or Attach Copies of Patient's Insurance Card)

Primary Insurance		Name of the Insured			Relationship		
Member ID#		Group #		Insurance Phone #			
Secondary Rx Carrier				Rx ID #		Rx Group #	

MEDICATION	DIRECTIONS	QUANTITY	REFILLS
☐ Abilify Maintena (Aripiprazole) ☐ Kit ☐ Syringe	☐ Administer 160mg IM every month ☐ Administer 200mg IM every month ☐ Administer 300mg IM every month ☐ Administer 400mg IM every month	☐ 1 Kit/Syringe	Kit/Syringe
☐ Aristada (AripiprazoleLauroxil)	☐ Administer 441mg IM every month ☐ Administer 662mg IM every month ☐ Administer 882mg IM every 6 weeks ☐ Administer 1064mg IM every 2 month	☐ 1 Syringe	Syringe
☐ Aristada Initio (AripiprazoleLauroxil) ☐ With oral Aripiprazole 30mg	☐ Administer 441mg IM every month ☐ Administer 662mg IM every month ☐ Administer 882mg IM every 6 weeks ☐ Administer 1064mg IM every 2 month	☐ 1 Syringe ☐ 1 Tablet	Syringe

TREATMENT HISTORY: ☐ New to Therapy ☐ Continuation of Therapy

Prescriber Insurance Information

Prescriber Name		NPI#		Office #		Fax #			
Address				City		State		Zip Code	
☐ I Authorize DeliverIt specialty pharmacy to initiate Prior Authorizations on my behalf. ☐ DAW (Dispense as written).						Date			
Prescriber certifies that this referral form contains an original signature and is signed by the treating prescriber. No stamped signatures will be accepted. Where required by law, send electronic prescription or on official state prescription blank. In the event requested agent is not available through Deliverit Group, this prescription shall be forwarded to an eligible pharmacy.						Prescriber's Signature X_____			

Please fax all (832)939-8128 information to or call (877)993-3548 for assistance

Our local number 832-939-8137