Rose Pharmacy
10008 Pines Blvd
Pembroke Pines, FL 33024
Phone: 888.797.4632 / 954.432.8290
Fax: 844.246.3364

ROSE INFUSIONS

Representative:

Urology Order Form

Date Medication Needed: _____

Patient Information

Last Name: _____ First Name: _____

Date of Birth: _____ Social Security: _____ ❑Male ❑Female

Address: _____ City: _____ State:_____ Zip:_____

Home Phone: _____ Cell Phone: _____

Insurance: _____ Policy #: _____ ***Please include copy of insurance card***

Clinical:

Diagnosis/ICD-10 Code:_____ Ht / Wt / Allergies: _____

Tried & Failed Medications: _____

Rx Prescription:

Medication	Dose/Strength	Directions	Quantity	Refills
TRELSTAR®	❑Trelstar 3.75mg IM Every Month ❑Trelstar 11.25mg IM Every 3 months ❑Trelstar 22.5mg IM Every 6 Months	Inject Intramuscularly by Physician		
ELIGARD®	❑Eligard 7.5mg Every Month ❑Eligard 22.5mg Every 3 Months ❑Eligard 45mg Every 6 Months	Inject Subcutaneously by Physician		
LUPRON®	❑Lupron 7.5mg Every Month ❑Lupron 22.5mg Every 3 Months ❑Lupron 30mg Every 4 Months ❑Lupron 45mg Every 6 Months	Inject Intramuscularly by Physician		
FIRMAGON®	❑ Firmagon (Starter Kit) 240mg	Starting: Treatment is started with a dose of 240mg given as two injections of 120mg each		
	❑ Firmagon (Maintenance) 80mg	Inject Subcutaneously every 28 days		
ERLEADA	❑60mg tablets ❑240mg tablets	Take _____ tablets _____ times a day		
ZYTIGA	❑250mg tablets ❑500mg tablets	Take _____ tablets _____ times a day		
ORGOVYX	❑120mg tablets	Take _____ tablets _____ times a day		
XGEVA®	❑120mg/1.7ml Vial	Inject 120mg IM Monthly		
PROLIA	❑60mg/ml PFS	Inject 60mg Subcutaneously every 6 months		
MITOMYCIN®	❑40mg vial	Inject 40mg into the bladder weekly for 6 weeks		
GEMCITABINE	❑2gm	Inject 2gm into the bladder weekly for 6 weeks		
OTHER:				

MD Signature (Required):_____ Date:_____

MD Name (Printed):_____ NPI:_____ DEA:_____

Phone:_____ Fax:_____ Contact:_____

Address:_____ City:_____ State:_____ Zip:_____

Contact us with questions at: info@rosenursing.net
or call **887.797.4632** / **954.432.8290**

Fax completed form and all documentation to **844.246.3364**
All information contained in this form is strictly confidential and will become part of the patient's medical record.