

Hydroxocobalamin WRITTEN ORDER

Phone: 877-379-9760

Fax: 360-326-1502

Referral Date:

Clinic Contact:

Phone:

Email:

*****Please include recent clinical notes and medication list with each order.*****

Patient Detail

Name: Sex: ☐ M ☐ F DOB:
Parent or Legal Guardian, where applicable:
Address: City: State: Zip Code:
Phone: Email Address:
Allergies: Height: ☐ inches ☐ cm Weight: ☐ lbs ☐ kg
Emergency Contact Name: Relationship: Phone:

Insurance Detail

☐ Information attached (including front & back of insurance cards)
Primary Plan Name: Subscriber Name: DOB:
ID #: Group #: Phone:
Secondary Plan Name: Subscriber Name: DOB:
ID #: Group #: Phone:

Prescriber Detail

Prescriber Name: NPI: License #:
Preferred Communication Method: ☐ Phone ☐ Fax ☐ Email
Address:
Phone: Fax: Email:

Diagnosis (Select all that apply)

☐ D.51 Cobalamin deficiency ☐ E71.120 Methylmalonic acidemia ☐ Other: _____

Prescription

Compounded Preserved Hydroxocobalamin Injection 30mg/mL, 10 mL Vial (300mg/vial)

Number of vials _____ (30 Day Supply)

Directions:

Administration Supplies

☐ 1mL Safety Syringe with 27 gauge, 3/8" needle, sharps container, alcohol pads. Dispense 1 month supply (30 syringes)
☐ Other: _____

Refill up to 12 times for 1 year. Dispense as written.

Prescriber Signature:

Date:

Prescriptions for Hydroxocobalamin will be fulfilled and dispensed by Hartley Medical Center Pharmacy, LLC, an affiliate of Zoia Pharma, LLC. Zoia Pharma is not a licensed pharmacy.

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