Lumicera Health Services

310 Integrity Drive Madison, WI 53717 / 5350 E High St, Ste 200, Phoenix, AZ 85054 | Phone: 1(855) 847-3553 / Fax: 1(855) 847-3558

Enrollment Form Template

Ship to: ☐ Patient ☐ Clinic ☐ Other

Date: Needs By Date:

PATIENT INFORMATION

Patient Name _____
Address _____
City, State, Zip _____
Email _____ Language _____
DOB (mm/dd/yyyy) _____ Gender ☐ Female ☐ Male
Preferred Phone _____ Phone Type ☐ Cell ☐ Home ☐ Work
Alternate Phone _____ Phone Type ☐ Cell ☐ Home ☐ Work
Emergency Contact Person _____ Relation To Patient_____
Emergency Contact Person Phone _____

PRESCRIBER INFORMATION

Prescriber Name _____Specialty_____
DEA _____NPI_____
Facility Name _____
Address _____
City, State, Zip_____
Phone _____ Fax _____
Office Contact _____ Phone_____

INSURANCE INFORMATION *Please fax FRONT and BACK copy of all insurance cards (Prescription and Medical)*

CLINICAL INFORMATION *Please fax a list of current medications and OTCs for patient*

PRESCRIPTION INFORMATION

Medication	Dose/Strength	Directions	Quantity	Refills
BRAND®/™ (Generic)	☐	☐		

Notes:

Prescriber Signature: _____ _____ _____

PRODUCT SUBSTITUTION PERMITTED *Date* *DISPENSE AS WRITTEN*

For more enrollment forms,
please contact Lumicera Health Services at 1.855.847.3554.