

Synagis® order form



To order now for next dose based on an estimated weight at time of injection, please fill out the information below and fax to **1-866-391-1890**.

Important Update:

Reorder Office-Based Medications Online 24/7. It's the easiest, most secure way to reorder. Please begin using our online submission process at <https://specialty.optumrx.com/provider>

Patient information

Patient name:

Insurance ID #:

Date of birth (mm/dd/yyyy):

Address:

Apartment #:

City:

State:

ZIP:

Phone number:

Alternate phone:

Sex:

Male

Female

Provider and shipping information

Provider's name:

Physician ID (NPI/DEA):

Address:

City:

State:

ZIP:

Suite number:

Building number:

Phone number:

Fax number:

Contact at the MD office:

Office hours:

Alternative number:

Extension:

Delivery request

Next Synagis delivery date:

(Tuesday to Friday only)

Pharmacist to dose next injection based on the following estimated weight:

1. Next injection date for Synagis:

2. Estimated patient's weight for next visit

kg

Signature X

Date

For more information call **1-888-293-9309**. Select **Option 1** for Synagis.

For internal use only

Image indexing team: Reference category = RSV; Referral source = Office based deliveries

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