



Dificid® Enrollment & Prescription Form

Phone: 1-844-443-6879 Fax: 1-844-329-2447

PATIENT INFORMATION	PRESCRIBER INFORMATION
Patient Name _____	Prescriber's Name _____
DOB ___/___/___ SSN _____ Gender _____	Group Practice or Hospital Name _____
Weight _____ Height _____ Phone _____	State License# _____ UPIN _____
Address _____	DEA _____ NPI _____
City, State, Zip _____	Address _____
Cell Phone _____ E-Mail _____	City, State, Zip _____
Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Prescriber's Office <input type="checkbox"/> Discount Drug Mart	Phone _____ Fax _____
	Office Contact Person _____
	Prescription Date _____ Date Needed _____
	Physician Signature _____

Prescription Insurance Information *(please provide copy of patient's prescription insurance card with enrollment form)*

Primary Insurance Name _____	Secondary Insurance Name _____
Primary Insurance Phone _____ Group# _____	Secondary Insurance Phone _____ Group# _____
Policy Holder Name _____	Policy Holder Name _____
Policy Holder Employer _____	Policy Holder Employer _____
Relationship to Patient _____	Relationship to Patient _____
ID# _____ RxBIN _____ PCN _____	ID# _____ RxBIN _____ PCN _____

PLEASE PROVIDE ALL RELEVANT CHART NOTES FOR INSURANCE PURPOSES

Medical Information (DO NOT COMPLETE IF CHART NOTES ARE PROVIDED)

Diagnosis Information: Is patient new to therapy? Yes No

A04.7 Enterocolitis due to Clostridium difficile

Diagnosis Date ___/___/___

Other: _____

History of therapies tried/failed & dates: Oral Vancomycin ___/___/___

Other: _____

PRESCRIPTION INFORMATION

DIFICID® 200mg Tablet

Take one tablet by mouth twice daily for 10 days

QTY: 20 Refills _____

Other: _____

QTY: _____ Refills _____

CONFIDENTIALITY NOTICE: THE INFORMATION IN THIS TRANSMITTAL IS CONFIDENTIAL AND INTENDED ONLY FOR THE RECIPIENT LISTED ABOVE. IF YOU ARE NEITHER THE INTENDED RECIPIENT NOR A PERSON RESPONSIBLE FOR DELIVERING THIS TRANSMITTAL TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISTRIBUTION OR COPYING OF THIS TRANSMITTAL IS PROHIBITED. IF YOU RECEIVE THIS TRANSMITTAL IN ERROR, PLEASE IMMEDIATELY NOTIFY US AND RETURN THE TRANSMITTAL TO US AT OUR EXPENSE.