

toll-free phone **1.877.977.9118**
toll-free fax **1.800.550.6272**
4100 S. Saginaw St.
Flint, MI 48507



Pulmozyme Authorization

patient information

patient: _____ ☐ male ☐ female DOB: _____ SS#: _____
address: _____
primary phone number: _____ ☐ cell alternate phone number: _____ ☐ cell
caregiver: _____ allergies: _____
diagnosis/ICD-9: _____ weight: _____ ☐ lbs ☐ kgs date: _____

insurance information: please fax copy of insurance card (front and back)

prescription

drug	strength	directions	quantity	refills
☐ Pulmozyme				

prescriber and shipping information

date shipment needed: _____ signature required? ☐ yes ☐ no
ship to: ☐ patient ☐ office ☐ alternate: _____
prescriber's name (please print): _____ contact: _____
office address: _____
phone #: _____ fax #: _____ NPI #: _____ DEA #: _____
prescriber's signature: _____ date: _____

I authorize Diplomat Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

**for benefit questions, please call Envision RX Options
customer service: 855.872.0005**

The FDA does not review compounds for safety and efficacy. These are not indications.
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