Paragard® T380A
intrauterine copper contraceptive

Web www.citydrugs.com
Phone 855-988-4500
Fax 212-988-4501

Specialty Pharmacy Paragard Referral Form

PATIENT INFORMATION

Patient Name:

Address:

City: State: Zip:

Home Phone:

Cell Phone:

Date of Birth: / /

☐ See Attached Demographic Sheet

PRESCRIBER INFORMATION

Physician Name:

State Lic #:

NPI #: Specialty:

Practice Name/Hospital:

Address:

City: State: Zip:

Physician's Phone:

Physician's Fax:

Nurse/Key Office Contact:

PREFERRED COMMUNICATION

Direct Phone Number:

Direct Email Address:

INSURANCE INFORMATION (Please attach copies of front & back of cards)

Primary Insurance:

City: State:

Plan #:

Group #:

Phone:

Secondary Insurance:

City: State:

Plan #:

Group #:

Phone:

Rx Card (PRM):

PBM BIN:

City: State:

Group #:

Phone:

Cardholder First Name: Last Name:

Employer: ID #: Group #:

PRESCRIPTION INFORMATION

☑ **PAR T380A – QTY 1**/Paragard Non-Hormonal Copper Intrauterine Device

DIAGNOSTIC INFORMATION (ICD-10 Code)

☑ **Z30.430:** Encounter for insertion of intrauterine contraceptive device

☐ **Other:** Please Specify:

Patient's Signature Date / /

Physician's Signature Date / /

CooperSurgical