

**PRODUCT PRESCRIPTION FORM**

**Physician Instructions:** Please complete form and fax or mail the completed application packet (Patient Application Form, Product Prescription Form and income documentation) to the address below.

**To:** The Safety Net Foundation  
PO BOX 13185  
La Jolla, CA 92039-3185  
Phone: 1-888-SN-AMGEN (1-888-762-6436) Fax: **1-800-981-6690**

**From:** Physician First Name: \_\_\_\_\_ Physician Last Name: \_\_\_\_\_  
Physician Contact First Name (other than physician): \_\_\_\_\_ Physician Contact Last Name: \_\_\_\_\_  
Facility/Practice Name: \_\_\_\_\_ Customer #: \_\_\_\_\_  
Physician Email: \_\_\_\_\_ Physician Contact Email: \_\_\_\_\_  
Mailing Address 1: \_\_\_\_\_  
Mailing Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
State License Number (SLN)#: \_\_\_\_\_ **(Required)** DEA #: \_\_\_\_\_ **(Optional)**  
NPI#: \_\_\_\_\_

Physician Preferred Method of Written Communication (primary) – check only one:  Email  Fax  Mail  
Physician Preferred Method of Written Communication (secondary) – check only one:  Email  Fax  Mail

**Product Shipping Information** (*address where you would like product shipped*)

Note: Sensipar<sup>®</sup> (cinacalcet) is shipped to the patient; all other prospective products are shipped to the provider.

Check here if product shipping address information is the same as physician mailing information

Shipping Address 1: (if different from mailing) \_\_\_\_\_  
(PO BOX is not accepted)  
Shipping Address 2: (if different from mailing) \_\_\_\_\_  
(PO BOX is not accepted)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Patient Information**

Patient's First Name: \_\_\_\_\_ Patient's Last Name: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Sex: \_\_\_\_\_ Email: \_\_\_\_\_  
Primary Phone # \_\_\_\_\_ Primary Phone # Type:  Home  Work  Mobile  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Visit us at [www.safetynetfoundation.com](http://www.safetynetfoundation.com) to access program information, forms, and submit online requests.

Patient's First Name: \_\_\_\_\_ Patient's Last Name: \_\_\_\_\_

**Prescribing Information for Nplate® (romiplostim)**

Nplate® NEXUS Patient ID#: (if applicable) \_\_\_\_\_ Nplate® Patient Diagnosis (required for Nplate®): \_\_\_\_\_  
 Nplate® NEXUS Physician ID#: \_\_\_\_\_  
 Nplate® NEXUS Facility ID#: \_\_\_\_\_

Medication	Dose	Frequency (weekly/monthly)	Check One	Quantity
Nplate®	250 mcg			
Nplate®	500 mcg			
Nplate®				

Prescription length is 12 months unless otherwise noted here: \_\_\_\_\_

**Prescribing Information for Prolia™ (denosumab) injection**

Medication	Dose	Frequency	Quantity
Prolia™	60 mg		
Prolia™			

Prescription length is 12 months unless otherwise noted here: \_\_\_\_\_

**Prescribing Information for Sensipar® (cinacalcet)**

Medication	Dose	Frequency	Check One	Quantity
Sensipar®	30 mg	_____ daily		12 month supply (2-month supply per shipment)
Sensipar®	60 mg			
Sensipar®	90 mg			
Sensipar®				

Prescription length is 12 months unless otherwise noted here: \_\_\_\_\_

**Prescribing Information for XGEVA™ (denosumab)**

Medication	Dose	Frequency	Quantity
XGEVA™	120 mg		
XGEVA™			

Prescription length is 12 months unless otherwise noted here: \_\_\_\_\_

I have prescribed the product indicated above for the referenced patient. My patient gave consent for me to provide this information. I understand that no third party or patient should be billed or charged for the product provided by this program. I understand that no free product should be sold, traded, or distributed for sale.

X: \_\_\_\_\_  
 Physician's Original Signature (stamps not accepted) Date

*Completion of this form is part of the initial application process and does not guarantee enrollment in The Safety Net Foundation. The Foundation will review the completed application to determine the patient's eligibility.*

**For Internal Use Only:** Case Number: \_\_\_\_\_ Patient ID: \_\_\_\_\_

**Visit us at [www.safetynetfoundation.com](http://www.safetynetfoundation.com) to access program information, forms, and submit online requests.**