Rx Checklist

CYCLE VITA™
SUPPORT FOR LIFE

To ensure faster turnaround times for you and your patients, please include the following on or with your enrollment form:

- ☐ Patient information *(name, DOB, gender, address, email, phone number, language)*
- ☐ Caregiver name *(if applicable)*
- ☐ Insurance information *(name of insurance company, insurance phone number, cardholder name, policy ID number, group number, BIN/PCN)*
- ☐ Prescriber information *(prescriber name, name of facility, address, NPI, phone number, fax number)*
- ☐ Office contact *(name of office contact, email and phone number)*
- ☐ Prescription information *(diagnosis, dose, refills, dispense information, allergies, medications, special instructions)*
- ☐ Clinical information
- ☐ Dispense as Written (DAW) box
- ☐ Prescriber signature
- ☐ Chart or progress notes and patient labs
- ☐ Previous approvals through insurance

To prescribe:

Fax the completed enrollment form to Cycle Vita™ at 888-385-8482

Questions?

If you have any questions, please reach out to:

Name:

Phone:

Email:

A friendly, familiar team is waiting here at Cycle Vita, for your patients, for life.

www.cyclevita.life

CycleVitaUSA

CYCLE PHARMA

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