



IMPORTANT UPDATE:
Reorder Office-Based Medications Online 24/7
It's the easiest, most secure way to reorder.
Please begin using our online submission process at
<https://specialty.optumrx.com/provider>

SYNAGIS® REORDER FORM

To order now for next dose based on an estimated weight at time of injection, please fill out the information below and fax to **1-866-391-1890**.

PATIENT INFORMATION			
Patient's name:			
Insurance ID #:	Date of birth:		
Address:			Apartment #:
City:	State:	ZIP:	
Phone Number:	Alternate Phone:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
PROVIDER AND SHIPPING INFORMATION			
Provider's name:		Physician ID (NPI/DEA):	
Address:		City:	State: ZIP:
Suite number:		Building number:	
Phone number:		Fax number:	
Contact at the MD office:			
Office hours:		Alternative phone:	Extension:
DELIVERY REQUEST			
Next Synagis delivery date _____ (Tuesday to Friday only)			
Pharmacist to dose next injection based on the following estimated weight:			
1. Next injection date for Synagis _____			
2. Estimated patient's weight for next visit _____ kg			
Signature _____ Date _____			

For more information call **1-888-293-9309**. Select **Option 1** for Synagis.

FOR INTERNAL USE ONLY.

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