Whole Health Pharmacy

Independent Specialty Pharmacy · Santa Ana, California

Specialty Pharmacy Referral

FAX REFERRALS TO
949-340-8008

Questions? Call
949-305-0788
Mon–Fri 9–5

Please include

- ☐ Prescription or order (therapy, dose, frequency)
- ☐ Patient demographics and front/back of insurance cards
- ☐ Recent clinical notes and relevant labs
- ☐ Medications tried or failed, if applicable

What our team handles

- Benefits investigation before the first fill
- Prior authorization: preparation, submission and follow-up with the plan
- Manufacturer copay and foundation assistance guidance
- Patient onboarding, pharmacist counseling and injection training
- Coordinated delivery, or infusions in our on-site infusion suite
- Refill reminders, re-authorizations and updates to your office

Therapeutic areas: neurology · immunology (IVIG/SCIG) · rheumatology · dermatology · gastroenterology · hepatology · oncology · allergy

Referral form (optional, fax with documents)

Patient name: _____ Date of birth: _____

Patient phone: _____ Insurance: _____

Therapy / medication: _____ Diagnosis (ICD-10): _____

Prescriber name: _____ Prescriber NPI: _____

Office contact: _____ Office phone / fax: _____

Prescriber signature: _____ Date: _____

CONFIDENTIAL: contains protected health information once completed. Fax only to 949-340-8008.