



Doctor's office to complete this form in its entirety and fax to 866-493-4398.
Encourage your eligible patients to call Cardinal Health Specialty Pharmacy at 866-541-6319 as soon as possible to confirm their prescription has been received.

Cardinal Health Specialty Pharmacy*
 7172 Columbia Gateway Drive, Columbia, MD 21046
 CHSPRx.com • P: 866-541-6319 • F: 866-493-4398
 Hours of operation: Monday – Friday, 8:00 AM to 8:00 PM ET

**ABILIFY® (aripiprazole) Savings Program
 Home Delivery Prescription Referral Form**

Patient Information

| | | | | | |
|---|--|------------|--|---|------|
| First Name: | | Last Name: | | DOB: | |
| | | | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Best Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile | | | Alternate Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile | | |
| Address: | | City: | | State: | ZIP: |
| Allergies: | | | | | |

Patient Prescription Insurance Information
Include copies of insurance cards (front and back) OR fill out below fields

| | | | | |
|---|--------------------------|--------|--------|--------|
| For your eligible commercially insured patients only. <i>Patients insured by government healthcare programs (eg, Medicaid, Medicare, TRICARE) are not eligible.</i> | Primary Insurance ID#: | RxGRP: | RxBIN: | RxPCN: |
| | Secondary Insurance ID#: | RxGRP: | RxBIN: | RxPCN: |

Prescription Information

| Medication | Dose/Strength | Directions | Quantity | Refills |
|--|--|------------|----------|---------|
| ABILIFY® (aripiprazole) tablets <input checked="" type="checkbox"/> Dispense as Written | <input type="checkbox"/> 2 mg <input type="checkbox"/> 5 mg <input type="checkbox"/> 10 mg <input type="checkbox"/> 15 mg <input type="checkbox"/> 20 mg <input type="checkbox"/> 30 mg | | | |

Prescriber Information

| | | | | | |
|------------------|--|---|--|---------------------|------|
| Prescriber Name: | | <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> DO | | NPI #: | |
| Office Contact: | | Office Contact Phone: | | Office Contact Fax: | |
| Office Address: | | City: | | State: | ZIP: |

Prescriber Signature

| | |
|--|-------|
| Prescriber Signature: STAMP SIGNATURE NOT PERMITTED— INK SIGNATURE ONLY | Date: |
|--|-------|

*Cardinal Health Specialty Pharmacy is part of Cardinal Health, Inc., a Fortune 500 healthcare services company specializing in the distribution of pharmaceuticals and medical products. For more information, visit CHSPRx.com.

Please see [U.S. FULL PRESCRIBING INFORMATION](#), including **BOXED WARNING**, and [MEDICATION GUIDE](#).