



BEHAVIORAL HEALTH
E-SCRIBE and FAX ENROLLMENT FORM

NOBLE NORTHEAST: E-Scribe: **NOBLE** | Fax: **888-842-3977** | Tel: 888-843-2040
 NOBLE SOUTHEAST: E-Scribe: **NOBLEMS/TRANSCRIPT** | Fax: **601-420-4040** | Tel: 866-420-4041

Delivery Needed By: _____ Deliver to: Patient's Home Physician's Office Other: _____

PATIENT INFORMATION **PRESCRIBER INFORMATION**

Patient Name: _____ Male: Prescriber: _____
Address: _____ Female: Office Contact: _____
City: _____ State: _____ Zip: _____ Address: _____
Phone: _____ Email: _____ City: _____ State: _____ Zip: _____
Last 4 of SSN: _____ DOB: _____ Phone: _____ Fax: _____
Translator: Yes No Language: _____ DEA/NPI #: _____
Patient interested in: Support Programs Ancillary Supplies Signature: _____ Date: _____

INSURANCE INFORMATION - PLEASE FAX A COPY OF FRONT & BACK OF PRESCRIPTION CARD

CLINICAL INFORMATION

Diagnosis: _____ ICD-10 Code: _____
Has the patient been treated previously for this condition: Yes No Height: _____ ft _____ in Weight: _____ lbs
Allergies: _____ Medications On: _____
Other Notes: _____ Medications Failed: _____

LOCATION OF ADMINISTRATION AND SHIPPING INFORMATION

Location of Administration: _____ Additional Shipping Instructions? Yes No
NPI: _____ DEA: _____ If YES, please specify: _____
Address: _____ Suite: _____ **MEDICATION INSTRUCTIONS FOR PHARMACY**
City: _____ State: _____ Zip: _____ Is this medication a new start? Yes No
Phone: _____ Fax: _____ If NO, please provide: _____
Date Needed for Medication: _____ Initiation Date: _____ Date of Last Dose: _____

MEDICATION INFORMATION

- Abilify Maintena Invega Sustenna Sublocade*
- Aristada Olanzapine Vivitrol (naltrexone IM)
- Haloperidol deconate Risperdal Other: _____

Dosage/Strength:	Route of Administration:	Directions:	Quantity:	Refills:	Dispense as Written:
	<input type="checkbox"/> Pen <input type="checkbox"/> Starter Kit <input type="checkbox"/> Syringe <input type="checkbox"/> Tablet <input type="checkbox"/> Topical <input type="checkbox"/> Vial				

* Prescribers must comply with their state-specific controlled substance prescribing requirement