

Orfadin[®]
(nitisinone)

Refill Authorization



Nova Factor · 1620 Century Center Parkway, Suite 109 · Memphis, TN 38134 · 1.888.454.8860

Prescriber's Name _____		
Office Contact _____		
Clinic/Hospital Affiliation _____		
Address _____		
City _____	ST _____	ZIP _____
Phone _____	FAX _____	
License _____	DEA # _____	Tax ID# _____

Patient Name _____ DOB _____

Current Weight _____ kg Current Height _____ inches

Sex ____ M ____ F SSN _____ Phone (day) _____

Parent/Guardian's Name _____ Phone (eve) _____

Address (no P.O. box) _____

City _____ ST _____ ZIP _____

Insurance Company _____ Insurance Phone _____

Insured's Name _____ Relationship to Patient _____

Insured's SSN _____ Insured's Employer _____

ID Number _____ Group # _____

Prescription Card ____ YES ____ NO If yes, carrier _____

ID Number _____ (Please enclose a copy of both sides of the insurance card if possible)

ORFADIN - Dispensed in full bottles containing 60 capsules each, available in 2, 5 and 10 mg strengths		
DOSAGE: <input type="checkbox"/> Take _____ mg per day <input type="checkbox"/> Take _____ mg by mouth every 12 hours		
<input type="checkbox"/> Other instructions: _____		
Refills: <input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> Other

Thank you. Please fax to the Nova Factor Orfadin team at **1-888-454-8488**.