AULTCARE AULTRA

BREAST CANCER PREVENTIVE MEDICATIONS ENROLLMENT FORM

PATIENT INFORMATION

Patient Name		☐ Female	☐ Allergies	☐ NKDA
Date of Birth	SSN#	Weight	☐ lb ☐ kg	Date
Address	City		State	Zip Code
Home Phone Number	Work Phone Number	Email Address		

INSURANCE INFORMATION

Primary Insurance	Policy Holder
Group Number	Policy Number

MEDICAL INFORMATION (Please answer all questions)

Diagnosis	ICD-10 Code

Is the patient female and age 35 or older? ☐ Yes ☐ No

Does the patient have personal history of invasive breast cancer? ☐ Yes ☐ No

Is the patient at increased risk than for invasive breast cancer (but has never been diagnosed) and meets one of the following high risk criteria (please check which applies) ☐ Yes ☐ No

- ☐ Has a known mutation or error in a gene linked to the disease, such as BRCA1 or BRCA2
- ☐ Has a strong family history of breast or ovarian cancer
- ☐ Has personal history of Ductal or Lobular Carcinoma in situ
- ☐ Is of certain ethnic backgrounds, such as Ashkenazi (Eastern or Central European) Jewish decent
- ☐ Other

PRESCRIPTION INFORMATION

Medication	Dose	Directions	Quantity
☐ Anastrazole	☐ 1 mg		
☐ Raloxfene	☐ 60 mg		
☐ Tamoxifen	☐ 10 mg ☐ 20 mg		

PHYSICIAN CONTACT INFORMATION AND AUTHORIZATION

Physician Name		Office Contact	
Phone Number		Fax Number	
Address	City	State	Zip Code
Physician Signature		Date	

AultCare: 330-363-6360 (TTY: 711) | Aultra: 330-363-2050 (TTY: 711) | Fax: 330-363-3284