

ODS Alaska 95165 PREAUTHORIZATION REQUEST FORM

|               |                  |
|---------------|------------------|
| Date:         | Date of Service: |
| Patient Name: | Patient DOB:     |
| Patient ID#:  | Patient Chart #: |

**NOTE: ATTACH COPIES OF ALLERGY TESTING RESULTS, DETAILED BOTTLE RECIPE ORDERS, AND/OR CHART NOTES FOR SUPPORTING INFORMATION.**

1. **Medical necessity** for more than two bottle sets and/or more than 28 doses per bottle set:

\_\_\_\_\_

\_\_\_\_\_

2. Using \_\_\_\_\_ (#) Bottle Sets.

**Clinical reasons for multiple bottle sets:**

- a. \_\_\_\_\_
- b. (Incompatible antigens) \_\_\_\_\_ and \_\_\_\_\_ cannot be mixed together.
- c. (Incompatible antigens) \_\_\_\_\_ and \_\_\_\_\_ cannot be mixed together.

**Expected Dosing Schedule for build phase:**

|   |  |
|---|--|
| Date first dose given/planned (mm/dd/yy):         |  |
| Month & Year expected to reach Maintenance phase: |  |

|                      |                           |            |            |            |            |               |                    |
|----------------------|---------------------------|------------|------------|------------|------------|---------------|--------------------|
| <b>Bottle Set #1</b> | <b>Contains antigens:</b> |            |            |            |            |               |                    |
|                      | Dilution 5                | Dilution 4 | Dilution 3 | Dilution 2 | Dilution 1 | Full strength | <b>Total doses</b> |
| # doses:             |                           |            |            |            |            |               |                    |

|                      |                           |            |            |            |            |               |                    |
|----------------------|---------------------------|------------|------------|------------|------------|---------------|--------------------|
| <b>Bottle Set #2</b> | <b>Contains antigens:</b> |            |            |            |            |               |                    |
|                      | Dilution 5                | Dilution 4 | Dilution 3 | Dilution 2 | Dilution 1 | Full strength | <b>Total doses</b> |
| # doses:             |                           |            |            |            |            |               |                    |

|                      |                           |            |            |            |            |               |                    |
|----------------------|---------------------------|------------|------------|------------|------------|---------------|--------------------|
| <b>Bottle Set #3</b> | <b>Contains antigens:</b> |            |            |            |            |               |                    |
|                      | Dilution 5                | Dilution 4 | Dilution 3 | Dilution 2 | Dilution 1 | Full strength | <b>Total doses</b> |
| # doses:             |                           |            |            |            |            |               |                    |

|                      |                           |            |            |            |            |               |                    |
|----------------------|---------------------------|------------|------------|------------|------------|---------------|--------------------|
| <b>Bottle Set #4</b> | <b>Contains antigens:</b> |            |            |            |            |               |                    |
|                      | Dilution 5                | Dilution 4 | Dilution 3 | Dilution 2 | Dilution 1 | Full strength | <b>Total doses</b> |
| # doses              |                           |            |            |            |            |               |                    |

|  |  |
|--|--|
| <b>GRAND TOTAL all sets combined (Total # doses requesting preauthorized):</b> |  |
|--|--|

Physician Signature: \_\_\_\_\_

Return fax number: 503-243-5105

Attention: \_\_\_\_\_