

Patient Information

Name:		Date of birth:	
Mobile phone:		Alternate phone:	
Email:			
Address:			Apt/Suite:
City:		State:	ZIP code:
Any known allergies:			
Diagnosis code: <input type="checkbox"/> N18.6 (ESRD) <input type="checkbox"/> E83.39 (hyperphosphatemia) <input type="checkbox"/> Z99.2 (dependence on renal dialysis) <input type="checkbox"/> _____			
Phosphate binder(s) and date(s) of use:			<input type="checkbox"/> Inadequate response <input type="checkbox"/> Intolerant
Previous XPHOZAH use (samples or Rx): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Serum phosphorus (mg/dL):		Date of last lab work:	

Prescription Information

Please complete information for **only one option** in the section below to submit an XPHOZAH prescription.

<p>1 <input type="checkbox"/> Please dispense the below prescription for my patient:</p> <p>.....</p> <p>XPHOZAH (tenapanor) tablets 30-mg tablets Take 1 (one) tablet by mouth twice daily Pharmacy to dispense 60 (sixty) tablets for a 30-day supply Refills: _____</p>	<p>2 <input type="checkbox"/> Please dispense the below prescription for my patient:</p> <p>.....</p> <p>XPHOZAH (tenapanor) tablets <input type="checkbox"/> 30-mg tablets <input type="checkbox"/> 20-mg tablets</p> <p>Directions: _____</p> <p>Quantity: _____ tablets Refills: _____</p>
OR	
<p>Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Facility (if permitted) <input type="checkbox"/> Physician</p>	

Physician signature: _____ Date: _____

Healthcare Provider Information

Name:		NPI #:	
Email:			
Address:			Suite:
City:		State:	ZIP code:
Phone:		Fax:	
Dialysis facility:			
Address:			Suite:
City:		State:	ZIP code:
Contact name:	Contact title:	Contact location: <input type="checkbox"/> Office <input type="checkbox"/> Dialysis center	
Contact phone:	Contact fax:	Contact email:	
Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email			

Please see full Prescribing Information at [XPHOZAH.com/PI](https://www.ardelyx.com/PI).