

To: Labcorp Specialty Pharmacy
 100 Technology Park, Suite 158, Lake Mary, FL 32746
 Phone: 1-866-842-2147 Fax: 1-866-842-1509



REFILL REQUEST FORM (OPAF)
FOR ABILIFY MAINTENA® (aripiprazole)

Labcorp Specialty Pharmacy is the dispensing pharmacy of The Otsuka Patient Assistance Foundation, Inc. (OPAF). Labcorp will coordinate prescription refills for your patient(s). Please complete the following steps and fax back to confirm your patient's next shipment. If you have any changes or questions, please call the LabCorp Specialty Pharmacy 1-866-842-2147.

- Review information for accuracy.
- Confirm **ABILIFY MAINTENA® (aripiprazole)** should be shipped to the address listed for injection.
- Confirm prescribed dose is accurate as listed.
- Write in the date of the patient's next scheduled injection.
- Add your name to each patient that needs their prescription refilled.
- Fax this form back to **1-866-842-1509**.

RECEIVING FACILITY INFORMATION:

Facility Name: _____ Contact Name: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Facility Phone: _____ Facility Fax: _____

PATIENT INFORMATION		PATIENT DOB	PRESCRIBER INFORMATION	DATE OF NEXT INJECTION	DOSE PRESCRIBED	ADMINISTRATION METHOD (CHECK ONE)	
First Name	Last Name	mm/dd/yyyy	Name	mm/dd/yyyy	(Check One)	Dual-Chamber Syringe	Vial Kit
					<input type="checkbox"/> 300mg <input type="checkbox"/> 400mg	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> 300mg <input type="checkbox"/> 400mg	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> 300mg <input type="checkbox"/> 400mg	<input type="checkbox"/>	<input type="checkbox"/>

REFILL REQUEST FORM (CONT'D)



Receiving Facility Name: _____ Contact Name: _____

Facility Street: _____ City: _____ State: _____ Zip: _____

Facility Phone: _____ Facility Fax: _____

PATIENT INFORMATION		PATIENT DOB	PRESCRIBER INFORMATION	DATE OF NEXT INJECTION	DOSE PRESCRIBED	ADMINISTRATION METHOD (CHECK ONE)	
First Name	Last Name	mm/dd/yyyy	Name	mm/dd/yyyy	(Check One)	Dual-Chamber Syringe	Vial Kit
					<input type="checkbox"/> 300mg <input type="checkbox"/> 400mg	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> 300mg <input type="checkbox"/> 400mg	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> 300mg <input type="checkbox"/> 400mg	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> 300mg <input type="checkbox"/> 400mg	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> 300mg <input type="checkbox"/> 400mg	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> 300mg <input type="checkbox"/> 400mg	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> 300mg <input type="checkbox"/> 400mg	<input type="checkbox"/>	<input type="checkbox"/>