



Arkansas Department of Health
Arkansas Kidney Disease Commission

4815 W. Markham St. Slot 35 | Tel: 501-686-2807 | Fax: 501-686-2831



Request for Fosrenol or Renvela

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| <ol style="list-style-type: none"> 1. Patient's calcium phosphorus product must be 72 or greater, (AND/OR) 2. Calcium level must be 10.0 or greater while off vitamin D analog; 3. A copy of the patient's lab including phosphorus level report must be returned with this form. |
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Date: _____ (NOTE: ALL INFORMATION MUST BE COMPLETED AND **LEGIBLE**)

Client/Patient Information:				
First Name		Last Name		Middle Initial
Physical Street Address		City	State AR	Zip Code County
Phone Number	Social Security Number	Other medical conditions		
Dialysis/Social Worker Information:				
Name of Social Worker			Social Worker Email Address	
Phone Number	Facsimile Number	Dialysis Center/Facility		
Street Address		City	State AR	Zip Code

Patient has: Medicare Medicaid Private Insurance with Rx Coverage None

Relevant Diagnoses:

Treatment Previously Used to Address Diagnoses:

Client is aware the AKDC will not provide payment for the full cost of Sensipar and that the program will only participate in the purchase of the drug as a co-payer.

Signature of Social Worker or Dietitian _____
Date

Signature of Prescribing Physician _____
Date

AKDC Use Only	Referral approval date: _____	Renewal approval date: _____
	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied