



Caraco Clozapine Distribution System (CCDS)
FORM B: PATIENT REGISTRATION

Internal Use - Patient Code

Doctor and Pharmacist: This Form is for registering one Patient with CCDS
Fields marked with \* are required for processing

PATIENT \* Name (First, Middle, Last), \* Social Security #, \* Date of Birth (mm/dd/yy), \* Sex (M/F)

\* Patient status New [ ] Existing [ ]

\* Existing Patients only, Current Treatment frequency Weekly [ ] Bi-weekly [ ] Monthly [ ]

\* Treatment Status (Active, Interrupted, Break), Number of Weeks of treatment without Interruption / break greater than 1 month, Duration of Break, Reason for Break

\* Date of Blood Draw, \* Clozapine Dose, \* Counts - WBC, \* ANC

Table with 2 columns: Patient Status (New Patient, Registered Patient, Existing Patient, Abnormal Blood Event, Treatment Break, Interrupted Treatment, Weekly therapy, Biweekly therapy, Monthly therapy) and Description.

• WBC count has been checked for the therapy of patient and is acceptable.
Stocking Code:
\* Pharmacy DEA / ID #
\* Pharmacist's Name (Last, First, Middle)
\* Phone No. ( )
\* Fax No. ( )
\* Signature
\* Date (mm/dd/yy)

• The Patient is an appropriate candidate for Clozapine and has no History of Myoproliferative disorders or previous Clozapine induced Granulocytosis or Agranulocytosis
• The patient information is correct
\* Physician DEA/ ID #
\* Physician's Name (Last, First, Middle)
\* Phone No. ( )
\* Fax No. ( )
\* Signature
\* Date (mm/dd/yy)

Mail Form to : CCDS, Caraco Pharmaceutical Laboratories Ltd., 1150 Elijah McCoy Drive, Detroit, MI 48202.
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