

# Fax Cover Letter

1-877-7CAYSTON (1-877-722-9786)

Fax: 1-877-550-1705 www.Cayston.com

  
Cayston®  
aztreonam for | 75  
inhalation solution | mg



From: \_\_\_\_\_ To: Cayston Access Program

Fax Number: \_\_\_\_\_ Fax Number: 1-877-550-1705

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of Pages (Including Fax Cover Letter): \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

## Check List (Check if the answer is "Yes"):

- Did you submit a copy (front and back) of all insurance cards that cover medical and pharmacy benefits?
- Did you complete and submit the Patient Enrollment Form, which includes the prescription and signed Patient Authorization Form?