



# reliance<sup>SM</sup>|rx

## DISEASE SEVERITY ASSESSMENT

Please complete this form and fax it to  
RelianceRx at 716-532-7360 to facilitate Prior Authorization Processing

Patient Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_

DOB: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions:

1. Complete the body surface area diagram below by shading affected areas of body.
2. Please add any additional information in the comments section.

Shade Affected Areas  
in Blue or Black Ink

BSA: \_\_\_\_\_ %

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Physician Name: \_\_\_\_\_

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