

MAIN POINT OF CONTACTName: _____
Phone: _____**Cardiogy**Ph: (214) 919-2090 or (877) 753-6878
Fax: 1 (888) 294-9434Injection Training: MD Office
 Pharmacy to ArrangeShip To: Patient Home MD Office**PATIENT INFORMATION (Use this area or attach patient demographics)**Name: _____ Phone: _____ Phone 2: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
DOB: _____ SSN: _____ Sex: Male Female Height: _____ Weight: _____ lbs.
Emergency Contact: _____ Phone: _____**INSURANCE INFORMATION (Use this area or attach copy of insurance card(s))**Primary Insurance: _____ Secondary Insurance: _____
ID#: _____ RxBin: _____ ID#: _____ RxBin: _____
RxGroup: _____ Pcn: _____ RxGroup: _____ Pcn: _____**MEDICAL ASSESSMENT (Use this area or attach patient labs and other authorization information)**

Primary Diagnosis: (select one)
 E78.0 Pure Hypercholesterolemia (HeFH and HoFH)
 E78.2 Mixed Hyperlipidemia
 E78.5 Other and Unspecified Hyperlipidemia
 Other: _____

Secondary Diagnosis: (select one)
 I21 Acute Myocardial Infarction
 I25.2 Old Myocardial Infarction
 I25 Other forms of Chronic Ischemic Heart Disease
 I25.10 ASCVD, Unspecified
 I65 Occlusion and Stenosis of Precerebral Arteries
 I6 Occlusion of Cerebral Arteries (CVA)

Statins:
 Simvastatin
 Atorvastatin
 Other: _____

Tried & Failed (Duration):
 {
 {
 {

Not Tolerated:

Contraindication:

G45 Transient Cerebral Ischemia (TIA)
 I67 Other and Ill-Defined Cerebrovascular Disease
 I69 History of Stroke with Residuals
 I70 Atherosclerosis
 I73.9 Peripheral Vascular Disease, Unspecified
 Other: _____

PRESCRIPTION INFORMATION

Medication	Strength	Directions	Qty.	Refills
<input type="checkbox"/> Brilinta	<input type="checkbox"/> 60 mg tablet <input type="checkbox"/> 90 mg tablet	<input type="checkbox"/> Initiate treatment with 180 mg oral loading dose following an ACS event <input type="checkbox"/> Continue treatment with 90 mg twice daily during the first year after an ACS event <input type="checkbox"/> After one year, administer 60 mg twice daily. Use Brilinta with a daily maintenance dose of asprice of 75-100 mg.		
<input type="checkbox"/> Crestor	<input type="checkbox"/> _____ mg tablets	<input type="checkbox"/> Take 1 tablet by mouth with or without food daily		
<input type="checkbox"/> Effient	<input type="checkbox"/> 5 mg tablet <input type="checkbox"/> 10 mg tablet	<input type="checkbox"/> Initial treatment single 60 mg oral loading dose <input type="checkbox"/> Continue at 10 mg once daily with or without food <input type="checkbox"/> Consider 5 mg once daily for patients <60kg		
<input type="checkbox"/> Entresto	<input type="checkbox"/> 24 mg/26 mg tablet <input type="checkbox"/> 49 mg/51 mg tablet <input type="checkbox"/> 97 mg/103 mg tablet	<input type="checkbox"/> Take 1 tablet twice daily		
<input type="checkbox"/> Jardiance	<input type="checkbox"/> 10 mg tablet <input type="checkbox"/> 25 mg tablet	<input type="checkbox"/> Take once daily in the morning with or without food	30 Day Supply	
<input type="checkbox"/> Lipitor	<input type="checkbox"/> _____ mg tablets	<input type="checkbox"/> Take 1 tablet by mouth daily		
<input type="checkbox"/> Livalo	<input type="checkbox"/> 1 mg tablet <input type="checkbox"/> 2 mg tablet <input type="checkbox"/> 4 mg tablet	<input type="checkbox"/> Starting dose 2 mg; may be increased to 4 mg per day <input type="checkbox"/> Moderate and severe renal impairment; starting dose of 1 mg once daily and maximum of 2 mg once daily		
<input type="checkbox"/> Lovaza	<input type="checkbox"/> 1 gram capsule	<input type="checkbox"/> Four (4) capsules once daily <input type="checkbox"/> Two (2) capsules twice per day		
<input type="checkbox"/> Pradaxa	<input type="checkbox"/> 75 mg tablet <input type="checkbox"/> 110 mg tablet <input type="checkbox"/> 150 mg tablet	Non-valvular Atrial Fibrillation: <input type="checkbox"/> CrCl > 30mL/min: 150 mg orally, twice daily <input type="checkbox"/> CrCl 15-30mL/min: 75 mg orally, twice daily Treatment of DVT and PE: <input type="checkbox"/> CrCl>30mL/min: 150 mg orally, twice daily after 5-10 days of parenteral anticoagulation Reduction in the Risk of Recurrence of DVT and PE: <input type="checkbox"/> CrCl>30 mL/min: 150 mg orally, twice daily after previous treatment Prophylaxis of DVT and PE Following Hip Replacement Surgery: <input type="checkbox"/> CrCl>30mL/min: 110mg orally first day, then 220mg once daily		
<input type="checkbox"/> Praluent	<input type="checkbox"/> Prefilled Pen <input type="checkbox"/> Prefilled Syringe	<input type="checkbox"/> Inject 75 mg SC every 2 weeks (quantity:2) <input type="checkbox"/> Inject 150 mg SC every 2 weeks (quantity:2)		
<input type="checkbox"/> Repatha	<input type="checkbox"/> Prefilled Pens <input type="checkbox"/> Prefilled SureClick Autoinjector	<input type="checkbox"/> Option 1: Inject 140mg SC in the abdomen, thigh, or upper arm every 2 weeks (quantity 2) <input type="checkbox"/> Option 2: (recommended for HOFH): inject 420 mg (3 syringes) SC in the abdomen, thigh, or upper arm monthly. Administer 3 consecutive injections within 30 minutes (quantity 3)		
<input type="checkbox"/> Zetia	<input type="checkbox"/> 10 mg tablet	<input type="checkbox"/> Take 1 tablet daily with or without food		

R_x

Allergies:

ALL controlled substance quantities must be hand written in number and letter formPrescriber Name: _____ NPI#: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____***Prescriber Signature: _____ Date: _____**

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Please fax completed form to 1 (888) 294-9434