

DATE _____ DATE NEEDED _____

SHIP TO: Patient Physician's Office HealthQuest Infusion

Please fax completed form along with copy of patient's insurance cards and any labs to 866.612.3437

Patient Name _____	Prescriber's Name _____
Patient Address _____	License # _____ DEA # _____
City _____ State _____ Zip _____	NPI # _____ UPIN # _____
Day Phone _____ Work Phone # _____	Practice Name _____
Cell Phone _____ E-mail _____	Office Contact _____
Date of Birth _____ SS # _____	Address _____ Suite # _____
<input type="checkbox"/> Female	City _____ State _____ Zip _____
<input type="checkbox"/> Male	Phone _____ Fax _____

DIAGNOSIS

Patient: Wt. _____ Ht. _____ Allergies: Latex Other, specify _____

ICD-10 DIAGNOSIS CODE 127.0 Primary Pulmonary Arterial Hypertension (PAH) 127.2 PAH secondary to: Connective Tissue Disease
 Congenital Heart Disease Portal Hypertension HIV Other: _____

Previously treated for this condition? Yes No Medication(s) failed: _____

New York Heart Association Functional Classification I II III IV **6min walk distance** _____ meters

Current medication, including OTC: _____

PRESCRIPTION

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
Adcira®	<input type="checkbox"/> 20mg tablet	<input type="checkbox"/> Take 40mg (2 tablets) Once Daily	<input type="checkbox"/> 1 mo. supply	
Epoprostenol®	<input type="checkbox"/> 0.5mg vial <input type="checkbox"/> 1.5mg vial <input type="checkbox"/> Epoprostenol diluent	<input type="checkbox"/> Initial dose: _____ mg/kg/min Dosing weight: _____ kg <input type="checkbox"/> Titrate by: _____ mg/kg/min every _____ days until _____ mg/kg/min is reached. Final concentration is _____ mg/mL. <input type="checkbox"/> IV infusion continuous over 24hrs.	<input type="checkbox"/> 1 mo. supply <input type="checkbox"/> 3 mos. supply	
Generic Sildenafil®	<input type="checkbox"/> 20mg tablet	<input type="checkbox"/> Take 20mg tablet 3x/Day <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 mo. supply <input type="checkbox"/> 3 mos. supply	
Remodulin IV®	<input type="checkbox"/> 1mg/mL 20 mL Vial <input type="checkbox"/> 2.5mg/mL 20 mL Vial <input type="checkbox"/> 5mg/mL 20 mL Vial <input type="checkbox"/> 10mg/mL 20 mL Vial	<input type="checkbox"/> Initial dose: _____ mg/kg/min Dosing weight: _____ kg <input type="checkbox"/> Titrate by: _____ mg/kg/min every _____ days until _____ mg/kg/min is reached. Final concentration is _____ mg/mL. <input type="checkbox"/> IV infusion continuous over 24hrs.	<input type="checkbox"/> 1 mo. supply <input type="checkbox"/> 3 mos. supply	
Remodulin SQ®	<input type="checkbox"/> 1mg/mL 20 mL Vial <input type="checkbox"/> 2.5mg/mL 20 mL Vial <input type="checkbox"/> 5mg/mL 20 mL Vial <input type="checkbox"/> 10mg/mL 20 mL Vial	<input type="checkbox"/> Initial dose: _____ mg/kg/min Dosing weight: _____ kg <input type="checkbox"/> Titrate by: _____ mg/kg/min every _____ days until _____ mg/kg/min is reached. Final concentration is _____ mg/mL. <input type="checkbox"/> IV infusion continuous over 24hrs.	<input type="checkbox"/> 1 mo. supply <input type="checkbox"/> 3 mo. supply	
Revatio®	<input type="checkbox"/> 20mg tablet	<input type="checkbox"/> Take 20mg tablet by mouth 3x Daily <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 mo. supply	
Tyvaso®	<input type="checkbox"/> 2.9mL amp via Inhaler	<input type="checkbox"/> Use 1 ampule/day. Inhale 3-9 breaths as tolerated, 4x Daily <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 mo. supply <input type="checkbox"/> 3 mos. supply	
Velteri®	<input type="checkbox"/> 0.5mg Vial <input type="checkbox"/> 1.5mg Vial	<input type="checkbox"/> Initial dose: _____ mg/kg/min Dosing weight: _____ kg <input type="checkbox"/> Titrate by: _____ mg/kg/min every _____ days until _____ mg/kg/min is reached. Final concentration is _____ mg/mL. <input type="checkbox"/> IV infusion continuous over 24hrs.	<input type="checkbox"/> 1 mo. supply <input type="checkbox"/> 3 mos. supply	
Other:				

PRESCRIBER'S SIGNATURE (Signature required. No stamps.) _____ DATE _____