PLEASE CONSIDER SENDING YOUR PRESCRIPTION ELECTRONICALLY. ALL OF OUR PHARMACY LOCATIONS ACCEPT ELECTRONIC PRESCRIPTIONS.

Note: This form is intended for prescriber use only, if faxed, the fax must come from prescriber's office or hospital (may not be faxed by patient).



Pulmonary Arterial Hypertension (PAH)

Prescription/Pharmacy Intake Form

Other therapies tried & failed (Please list):	Phone #: Phone #: Prescription sections to avoid delays in Patient is currently on therapy	DOB:	Zip c	ode: □Male	□ Female
Date Needed:	Phone #: Phone #: Prescription sections to avoid delays in Patient is currently on therapy	DOB:	Zip c	ode: □Male	□ Female
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Address: City: Phone # (Daytime): E-mail Address: Insurance provider (Please include copy of front and back ID #: Policy/Group #: Name of Insured: Relationship to Patient: Self Other: Patient is new to therapy Patient is restarting therapy Primary ICD-10 Code: 127.0 127.2 Other: Diagnosis: 127.0 - Idiopathic PAH Familial PAH 127.2 Connective tissue disease Congenitated Concomitant medications for PAH: Other therapies tried & failed (Please list): WHO Group: Current Weight: Ib kg E Allergies: PRESCRIPTION INFORMATION Medication Strength Adcirca 20 mg tablet Tadalafil (generic) Letairis Please complete the Letairis F Revatio 20 mg tablet Sildenafil (generic) 10 mg/mL suspension (Bra	Phone Case f card): Phone #: Employer: Prescription Sections to avoid delays in Patient is currently on therapy heart disease HIV infection Ot	State:	Zip c	ode: □Patient is eligib	ole for Medicare
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The prescriber is to comply with his/her state specific prescription requirements such as e-prescribing, state specific prescription form, fax language, etc. Non-compliance with state specific requirements could result in outreach to the prescriber. The document(s) accompanying this transmission may contain confidential health information that is legally protected. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted or required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents. Drug names are the property of their respective owners.