

Cardiology Referral Form

Fax #: 844-635-5250

Patient Information

Patient Name: _____ DOB: _____ SS#: _____ Ship To: Home Clinic
Address: _____ City: _____ State: _____ Zip: _____
Phone(day): _____ Phone (night): _____ Cell: _____
Rx Insurance: _____ Group #: _____ ID #: _____ RX Bin #: _____
Medical Insurance: _____ Group #: _____ ID #: _____ Phone : _____

Medical Assessment – Droxidopa:

Diagnosis (ICD-10):

- G20 Parkinson's Disease
- G23.2 Striatonigral Degeneration
- G90.3 Multi-system Degeneration of
Autonomic Nervous System
- G90.9 Disorder of the Autonomic Nervous System
- G99.0 Autonomic Neuropathy
- Other: _____

Symptomatic Secondary Conditions:

- I95.12 Neurogenic orthostatic hypotension (nOH)
- R42 dizziness and giddiness
- I95.1 orthostatic hypotension
- I95.89 Other hypotension
- R55 Syncope and collapse

Has the patient tried and failed fludrocortisone or midodrine?

Yes No Explain /

When: _____

Has the patient tried any non-pharmacologic interventions?

- discontinuation of drugs causing OH
- increasing salt/water intake
- raising head of bed 10-20 degrees
- compression stockings

Medical Assessment - Pulmonary Arterial Hypertension

1. **Diagnosis:** I27.0 Primary Pulmonary Hypertension (PAH) Idiopathic Familial I27.20 Pulmonary Hypertension Unspecified
 I27.21 Secondary Pulmonary Arterial Hypertension Other: _____
2. **New York Heart Association Functional Classification (NYHA):** I II III IV
3. **6 Minute Walk Distance:** _____ meters
4. **Is the patient currently on another therapy for pulmonary hypertension?** _____

5. Please Include the following information if available:

- History & Physical
- Right Heart Catheterization Report
- History of Calcium Channel Blocker usage and responses
- Echocardiogram Test Results

Current Drug Allergies: _____

Medication

Droxidopa (generic Northera)

____ Titration: 100mg capsules

Sig: Take 100mg PO TID then increase dose by 100mg per dose every ____ days.
Take last dose at least 3 hours before bedtime.

Quantity: ____ Refills 0

Other Sig: _____

____ Maintenance: 100mg 200mg 300mg

Sig: Take ____ mg PO TID. Take last dose at least 3 hours before bedtime.

Quantity: ____ Refills ____

Other Sig: _____

Adcirca 20mg (tadalafil)

____ Take 40mg (2 tablets) once daily

Quantity # 60

Refills: ____

____ Other: _____

Revatio 20mg (Sildenafil)

____ Take 20mg PO three times a day

Quantity # 90

Refills: ____

Physician Prescription Orders

Physician Name: _____ NPI #: _____ Phone: _____ Fax: _____

Address: _____ Nurse: _____ Date: _____

Physician Signature: _____