

Neurology Referral Form (Movement Disorders)

Fax # **844-635-5250**

Patient Information:

Patient Name: _____ DOB: _____ SS#: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____ Cell Phone: _____

Medical Assessment:

Diagnosis (ICD-10):

- G35 Multiple Sclerosis
- G10 Huntington's Disease
- G24.01 Tardive Dyskinesia
- 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 Conditions:

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

Allergies:

Medication:

Droxidopa (generic Northera)

___ Titration: 100mg capsules

Sig: Take 100mg PO TID then increase dose by 100mg per dose every ___ days. Quantity: ___ Refills 0
Take last dose at least 3 hours before bedtime.

Other Sig: _____

___ Maintenance: 100mg 200mg 300mg

Sig: Take ___ mg PO TID. Take last dose at least 3 hours before bedtime. Quantity: ___ Refills ___

Other Sig: _____

Tetrabenazine (generic Xenazine)

___ Titration Sig: _____

Quantity: ___ Refills 0

___ Maintenance Sig: _____

Quantity: ___ Refills _____

Austedo

___ Titration Tardive Dyskinesia

Quantity: ___ Refills 0

Sig: Start 6mg BID week 1, then increase by 3mg BID weekly
to week 7 (24mg BID on week 7)

___ Titration Huntington's Disease

Quantity: ___ Refills 0

Sig: Start 6mg QD week 1, then 6mg BID week 2, then increase by 3mg
BID weekly to week 8 (24mg BID on week 8)

___ Maintenance:

Quantity: ___ Refills ___

Sig: ___ mg twice daily

Dalfampridine 10mg ER (generic Ampyra)

___ Take one tablet twice daily every 12 hours

Quantity: ___ Refills ___

___ Other: _____

Physician

Prescription

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

Orders:

Address: _____ Date: _____ Nurse: _____

Physician Signature: _____