



# CEDRA

# NEUROLOGY

## REFERRAL FORM

**FAX 888 889 7129**

TOLL FREE 844 233 7279

CEDRASPECIALTY.COM

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Language: English Other \_\_\_\_\_  
 SSN#: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Sex: Male Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs kg  
 Address: \_\_\_\_\_ Known Allergies: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

**\* PLEASE FAX FRONT/BACK COPY OF PHARMACY BENEFIT CARD, MEDICAL INSURANCE CARD, NOTES, LABS & TESTS WITH THE PRESCRIPTION TO EXPEDITE PROCESSING \***

### PRESCRIBER INFORMATION

Prescriber Name: \_\_\_\_\_ DEA#: \_\_\_\_\_ NPI#: \_\_\_\_\_ Tax ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Key Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 STATUS UPDATE PREFERENCE: Phone Text Fax E-mail: \_\_\_\_\_

### DIAGNOSIS/CLINICAL INFORMATION

Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_ Serum Creatinine Level: \_\_\_\_\_ Date: \_\_\_\_\_  
 Liver Disease? Yes No If Yes, Please Describe: \_\_\_\_\_ ALT: \_\_\_\_\_  
 Other medications patient is currently taking including OTC medications with dosage and directions (or fax medication profile): \_\_\_\_\_

### PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	SIG	QTY.	REFILLS
AMANTADINE <sup>1,2</sup>	100 mg Tablets 50 mg/5 mL Syrup	100 mg by mouth twice daily.		
<sup>1</sup> Dose adjustment in renal impairment recommended. <sup>2</sup> Occasionally, patients whose responses are not optimal with SYMMETREL at 200 mg daily may benefit from an increase up to 300 mg daily in divided doses.				
RILUZOLE	50 mg Tablets	Take 1 tablet by mouth every 12 hours		
TETRABENAZINE <sup>3,4</sup>	12.5 mg Tablets 25 mg Tablets	Initial dose: The dose of tetrabenazine should be individualized. The recommended starting dose is 12.5 mg per day given once in the morning. After 1 week, the dose can be increased to 25 mg per day given as 12.5 mg twice a day. Titration dose: Dosage may be increased by 12.5 mg daily at weekly intervals until the maximum tolerated and effective dose is reached; daily doses >37.5 mg should be divided into 3 doses (maximum single dose: 25 mg). Maintenance Dose: In most cases, maximum daily dose is 25 mg 3 times daily.		
<sup>3</sup> If treatment is interrupted for >5 days, re-titration is recommended. If treatment is interrupted for <5 days resume at previous maintenance dose. <sup>4</sup> For elderly and debilitated patients and those who are CYP2D6 poor metabolizers, a slower titration may be more appropriate.				

Date Medication Needed: \_\_\_\_\_ Deliver To: Patient Home MD Office \_\_\_\_\_  
 Prescriber Signature: (Please sign and date below) \_\_\_\_\_  
 Your signature authorizes Cedra Pharmacy to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.  
 Substitution Permissible \_\_\_\_\_ Date \_\_\_\_\_ Dispense as written "DAW" \_\_\_\_\_ Date \_\_\_\_\_

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.

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