



CEDRA

CARDIOLOGY

REFERRAL FORM

FAX: 888.889.7129

TOLL FREE: 844.233.7279

CEDRASPECIALTY.COM

PATIENT INFORMATION

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

\* 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

STATINS: Tried & Failed (Duration) Not Tolerated Contraindication: Simvastatin Atorvastatin Other therapies: Tried & Failed (Duration) Not Tolerated Contraindication: Zetia LDL Apheresis Allergies: Date of Diagnosis: Indicate One Primary Diagnosis: Indicate One Secondary Diagnosis: 121. Acute Myocardial Infarction 125.2 Old Myocardial Infarction 125. Other Forms of Chronic Ischemic Heart Disease 125.10 ASCVD, Unspecified 165. Occlusion and Stenosis of Precerebral Arteries Other: 16. Occlusion of Cerebral Arteries (CVA) G45. Transient Cerebral Ischemia (TIA) I67. Other and Ill-Defined Cerebrovascular Disease 169. History of Stroke with Residuals 170. Atherosclerosis 173.9 Peripheral Vascular Disease, Unspecified

PRESCRIPTION INFORMATION

Table with 5 columns: MEDICATION, DOSE/STRENGTH, SIG, QTY, REFILLS. Rows include BRILINTA, CRESTOR, EFFIENT, ENTRESTO, JARDIANCE, LIPITOR, LIVALO, LOVAZA, PRADAXA, PRALUENT, REPATHA, ZETIA.

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

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