

\*\*Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy.

## HYPERCHOLESTEROLEMIA REFERRAL FORM

Single Point of Contact: 724-515-7053 Pharmacy 866-213-9821

Start Date:

PHARMA		FAX: 877-526-8823		Ship to: $\Box$ Patient $\Box$ Office $\Box$	Ship To: ☐ Patient ☐ Office ☐ Other:	
1. Patient Informa	tion: Please f	ax front and back	copy of the insuranc	ce card		
Patient:		Ma	ale / Female DOB:	Soc. Sec. #		
First Name	Last Name				_	
Address:						
St	reet	City		State Zip		
Primary phone number:		Alternate phone	number			
Fillilary priorite fluriber			Alternate priorie	number:		
Caragivar:		Allorgios				
Caregiver.		Allergies				
Comorbidities:				Height: Weight:		
					_	
2. Clinical informat	ion: Please fax recent	clinical notes, Lab	s, Tests, with presci	ription to expedite the prior authoriza	ation	
Diagnosis: Codes: / ICD-	10:		Previous/Current Therapies:			
Hypercholesterolemia (MUST select at least one)			Drug Name:	Dose:Date started:		
, per en en e	ion ordering (invoor seriest at reast or	,				
☐ E78.0 Pure hypercho	lesterolemia		-			
☐ E78.2 Mixed hyperlip						
☐ E78.4 Other hyperlip	idemia					
			Lab Results:			
			(Please attach a copy of patients' most recent lipid panel)			
			(1.10000 000001 0 000)	or patients most resent up a panely		
□ Secondary ICD 10:			IDLC	mg/ml		
- Secondary ICD-10			LDL-Cmg/ml			
			Date:			
3. Prescription Infor	mation:	f vou need a medio	cation not listed plea	ase contact us		
Medication Strength		Directions			- C:11	
Medication	i Strength	I Dire	ections	Quantity	Refills	
Medication		Dire	ections	Quantity	Refills	
Medication	☐ 75 mg/mL Pen		ub-Q every 2 weeks	Quantity  □ 1 carton = 2 X 75 mg/mL	Refills	
					Refills	
Medication  ☐ Praluent®	☐ 75 mg/mL Pen	☐ Inject 75 mg su	ub-Q every 2 weeks	☐ 1 carton = 2 X 75 mg/mL	Refills	
	☐ 75 mg/mL Pen☐ 75 mg/mL PFS	☐ Inject 75 mg su			Refills	
	☐ 75 mg/mL Pen ☐ 75 mg/mL PFS ☐ 150 mg/mL Pen	☐ Inject 75 mg su	ub-Q every 2 weeks	☐ 1 carton = 2 X 75 mg/mL	Refills	
	☐ 75 mg/mL Pen ☐ 75 mg/mL PFS ☐ 150 mg/mL Pen ☐ 150 mg/mL PFS	☐ Inject 75 mg st☐ Inject 150 mg st☐	ub-Q every 2 weeks sub-Q every 2 weeks	☐ 1 carton = 2 X 75 mg/mL ☐ 1 carton = 2 x 150 mg/mL ☐ 1 pack = 1 x 140 mg/mL PFS	Refills	
□ Praluent®	☐ 75 mg/mL Pen ☐ 75 mg/mL PFS ☐ 150 mg/mL Pen ☐ 150 mg/mL PFS	☐ Inject 75 mg st☐ Inject 150 mg s	ub-Q every 2 weeks sub-Q every 2 weeks sub-Q every 2 weeks	☐ 1 carton = 2 X 75 mg/mL ☐ 1 carton = 2 x 150 mg/mL ☐ 1 pack = 1 x 140 mg/mL PFS ☐ 1 pack = 2 x 140 mg/mL SureClick®	Refills	
	☐ 75 mg/mL Pen ☐ 75 mg/mL PFS ☐ 150 mg/mL Pen ☐ 150 mg/mL PFS	☐ Inject 75 mg st☐ Inject 150 mg s	ub-Q every 2 weeks sub-Q every 2 weeks	☐ 1 carton = 2 X 75 mg/mL ☐ 1 carton = 2 x 150 mg/mL ☐ 1 pack = 1 x 140 mg/mL PFS ☐ 1 pack = 2 x 140 mg/mL SureClick® ☐ 2 pack = 4 x 140 mg/mL SureClick®	Refills	
□ Praluent®	☐ 75 mg/mL Pen ☐ 75 mg/mL PFS ☐ 150 mg/mL Pen ☐ 150 mg/mL PFS	☐ Inject 75 mg st☐ Inject 150 mg s	ub-Q every 2 weeks sub-Q every 2 weeks sub-Q every 2 weeks	☐ 1 carton = 2 X 75 mg/mL ☐ 1 carton = 2 x 150 mg/mL ☐ 1 pack = 1 x 140 mg/mL PFS ☐ 1 pack = 2 x 140 mg/mL SureClick®	Refills	
□ Praluent®	☐ 75 mg/mL Pen ☐ 75 mg/mL PFS ☐ 150 mg/mL Pen ☐ 150 mg/mL PFS	☐ Inject 75 mg st☐ Inject 150 mg s	ub-Q every 2 weeks sub-Q every 2 weeks sub-Q every 2 weeks	☐ 1 carton = 2 X 75 mg/mL ☐ 1 carton = 2 x 150 mg/mL ☐ 1 pack = 1 x 140 mg/mL PFS ☐ 1 pack = 2 x 140 mg/mL SureClick® ☐ 2 pack = 4 x 140 mg/mL SureClick®	Refills	
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□ Praluent®	□ 75 mg/mL Pen □ 75 mg/mL PFS □ 150 mg/mL Pen □ 150 mg/mL PFS □ 140 mg/mL PFS □ 140 mg/mL SureClick®	☐ Inject 75 mg st☐ Inject 150 mg s	ub-Q every 2 weeks sub-Q every 2 weeks sub-Q every 2 weeks	☐ 1 carton = 2 X 75 mg/mL ☐ 1 carton = 2 x 150 mg/mL ☐ 1 pack = 1 x 140 mg/mL PFS ☐ 1 pack = 2 x 140 mg/mL SureClick® ☐ 2 pack = 4 x 140 mg/mL SureClick®	Refills	
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☐ Praluent® ☐ Repatha™ ☐ Repatha™  4. Prescriber and Ship	□ 75 mg/mL Pen □ 75 mg/mL PFS □ 150 mg/mL Pen □ 150 mg/mL PFS □ 140 mg/mL PFS □ 140 mg/mL SureClick®	☐ Inject 75 mg st	sub-Q every 2 weeks sub-Q every 2 weeks sub-Q every 2 weeks Sub-Q every 4 weeks Office Contact:	☐ 1 carton = 2 X 75 mg/mL  ☐ 1 carton = 2 x 150 mg/mL  ☐ 1 pack = 1 x 140 mg/mL PFS ☐ 1 pack = 2 x 140 mg/mL SureClick® ☐ 2 pack = 4 x 140 mg/mL SureClick® ☐ 3 pack = 6 x 140 mg/mL SureClick®		
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☐ Praluent®  ☐ Repatha™  4. Prescriber and Ship  Prescriber (print):  Preferred method of co  Office Address:  Phone:  Prescriber's Signature:	□ 75 mg/mL Pen □ 75 mg/mL PFS □ 150 mg/mL PFS □ 140 mg/mL PFS □ 140 mg/mL SureClick®  pping Information:  ntact: □ phone □ fax □ email  fax: □ 20Serv Pharmacy and its representations	□ Inject 75 mg st □ Inject 150 mg st □ Inject 140 mg st □ Inject 420 mg st preferred cont	ub-Q every 2 weeks sub-Q every 2 weeks sub-Q every 2 weeks Sub-Q every 4 weeks  Office Contact: tact persons email: NPI:	☐ 1 carton = 2 X 75 mg/mL ☐ 1 carton = 2 x 150 mg/mL ☐ 1 pack = 1 x 140 mg/mL PFS ☐ 1 pack = 2 x 140 mg/mL SureClick® ☐ 2 pack = 4 x 140 mg/mL SureClick® ☐ 3 pack = 6 x 140 mg/mL SureClick® ☐ DEA:	PS)	

Patient Signature: \_\_\_\_\_

\_\_\_\_\_\_Date:\_\_\_\_\_

6. Insurance Information:
Please fax a copy of the insurance card (front & back)

\*IMPORTANT NOTICE: this fax is intended to be delivered only to the named address. It contains materials that are confidential, privileged, proprietary or exempt from disclosure under applicable law. If you are not the named address you should not disseminate distribute or copy this fax. Please notify the sender immediately if you received this document in error and destroy this document immediately. Please fax completed form to AccuServ Pharmacy at 877-526-8823. Visit us at <a href="https://www.accuservPharmacy">www.accuservPharmacy</a>. On for online fillable forms.