RICHMOND PHARMACY
Specialty Script

355 Bard Ave • Staten Island, NY 10310 • www.RichmondSpecialty.com

PHONE: 718-818-2178 • FAX: 718-818-2179

Date: ____/____/____ Needs by Date: _____

Language: _____ ☐ Nursing Instruction Required

Ship to: ☐ Patient ☐ MD Office

HYPERCHOLESTEROLEMIA REFERRAL FORM

Prescriber's Name: _____ DEA #: _____ NPI: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Office Contact: _____

PATIENT INFORMATION: Please complete the following or send patient demographic sheet

Patient Name: _____ Date of Birth: ____/____/____ Gender: ☐ F ☐ M

Address: _____ City, State, Zip: _____

Home Phone: _____ Alternate: _____ Email: _____

PLEASE ATTACH ALL PRIMARY AND SECONDARY INSURANCE INFORMATION

CLINICAL INFORMATION

ICD-10 Codes and Diagnosis

Primary ICD-10 (must select one)

- E78.0 Pure Hypercholesterolemia (including HeFH and HoFH)
- E78.2 Mixed Hyperlipidemia
- E78.4 Other Hyperlipidemia
- E78.5 Hyperlipidemia, unspecified

Secondary ICD-10 (select all that apply)

- 120.0 Unstable Angina
- 120.9 Angina Pectoris
- 121.___ Acute Myocardial Infaction
- 122.___ Subsequent Myocardial Infarction
- 125.___ Chronic Ischemic Heart Disease
- 163.___ Cerebral Infarction
- 165.___ Occlusion and stenosis of Cerebral Arteries, Intracranial
- 167.___ Other Cerebrovascular Diseases

Other, Specify ICD-10 _____

Previous Treatment (select all that apply)

Atorvastatin (Lipitor)	10mg	20mg	40mg	80mg	
Rosuvastatin (Crestor)	5mg	10mg	20mg	40mg	
Simvastatin (Zocor)	5mg	10mg	20mg	40mg	80mg
Ezetimibe (Zetia)	10mg				

Other statin/lipid lowering agent(s): _____

Current therapy: _____ Dose: _____ Date Started: _____

Achieved maximum tolerated statin dose?

Lab Results:

please attach a copy of patients most recent lipid panel

LDL-C _____ mg/ml Date _____

Intolerance to statins (list medications and dose failed): _____

_____

_____

Rhabdomyalosis Myositis Myalgia

Baseline LFT's: _____

PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	DIRECTIONS	QTY.	REFILLS
Praluent ®	75 mg/mL Pen 75 mg/mL PFS 150 mg/mL Pen 150 mg/mL PFS	Inject subcutaneously every 2 weeks Other: _____	1 month supply Other: _____	
Repatha ™	140 mg/mL PFS 140 mg/mL SureClick®	Inject 140 mg sub-Q every 2 weeks Inject 420 mg sub-Q every 4 weeks	1 pack = 1 x 140 mg/mL PFS 1 pack = 1 x 140 mg/mL SureClick® 2 pack = 2 x 140 mg/mL SureClick® 3 pack = 3 x 140 mg/mL SureClick®	

Physician Signature: _____ Date: _____