



altScripts Specialty Pharmacy

Pulmonology Referral Form

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Patient Information: Please provide a copy of the patient's prescription insurance card (front & back) or information					
Patient name:		DOB:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O	HT:	WT:
Address:		City:	State:	Zip Code:	Phone:
Insurance:		Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> List allergies:			

Clinical Information: Please fax or email relevant clinical notes, labs, tests and previous medical history to expedite prior authorization	
Diagnosis:	ICD-10:
Does the patient have any of the following: <input type="checkbox"/> Idiopathic Pulmonary Fibrosis (IPF) <input type="checkbox"/> Lung CT Revealing IPF or Probable IPF <input type="checkbox"/> Pulmonary Arterial Hypertension (PAH) <input type="checkbox"/> Diagnosis of PAH by right heart catheterization	
Acute Vasoreactivity Test: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	WHO Functional Class (1-5):
Patient's History of Current Therapy: <i>Medication(s) Dose/Duration:</i>	

Prescription Information				
Medication	Dose/Strength	Directions	Quantity	Refills
Adcirca® (tadalafil)	<input type="checkbox"/> 20 mg tablet (2 x 20mg)	<input type="checkbox"/> Take 40 mg PO once daily	<input type="checkbox"/> 60 tablets <input type="checkbox"/> _____ tablets	
Esbriet® (pirfenidone)	<input type="checkbox"/> 267 mg tablet <input type="checkbox"/> 534 mg tablet <input type="checkbox"/> 801 mg tablet	Days 1-7: <input type="checkbox"/> Take 267 mg PO three times daily Days 8-14: <input type="checkbox"/> Take 534 mg PO three times daily Day 15 & Beyond: <input type="checkbox"/> Take 801 mg PO three times daily	<input type="checkbox"/> 90 tablets <input type="checkbox"/> _____ tablets	
Letairis® (ambrisentan) - REMS	<input type="checkbox"/> 5 mg tablet <input type="checkbox"/> 10 mg tablet	<input type="checkbox"/> Take 5 mg PO once daily <input type="checkbox"/> Take 10 mg PO once daily	<input type="checkbox"/> 30 tablets <input type="checkbox"/> _____ tablets	
Revatio® (sildenafil)	<input type="checkbox"/> 20 mg tablet	<input type="checkbox"/> Take 20 mg PO three times daily	<input type="checkbox"/> 90 tablets <input type="checkbox"/> _____ tablets	
Tracleer® (bosentan) - REMS	<input type="checkbox"/> 62.5 mg tablet <input type="checkbox"/> 125 mg tablet	Adults <40 kg: <input type="checkbox"/> Take 62 mg PO twice daily Adults ≥40 kg: <input type="checkbox"/> Take 62 mg PO twice daily <input type="checkbox"/> Take 125 mg PO twice daily	<input type="checkbox"/> 60 tablets <input type="checkbox"/> _____ tablets	

Prescriber Information				
Prescriber name:		Phone:	Office contact name:	
Prescriber address:		City:	State:	Zip:
NPI:	DEA:	Fax and/or Email:		
Prescriber signature:		Date:	<input type="checkbox"/> DO NOT SUBSTITUTE	