Cardiology Enrollment Form

FACTOR ONE SOURCE
FAST PHARMACY
Powered By: InfuCare Rx

Phone: 1-833-367-3278
Fax: 1-844-504-3278
Website: www.FOSRXFAST.com

Louisiana Office
2400 Veterans Memorial Blvd., Suite 480
Kenner, LA 70062

PATIENT INFORMATION

Name:
Address:
City: | State/Zip:
Telephone: | DOB: | M F
Language Preference: | Wt: | Ht:

PRESCRIBER INFORMATION

Prescribing Practitioner: | NPI:
Address:
City: | State/Zip:
Office: | DEA:
Contact: | Phone: | Fax:

PRIMARY INSURANCE INFORMATION

Member Name: | M F | DOB:
Address: | City:
State: | Zip: | Telephone: | Alt. Telephone:
Member ID: | Rx Group #: | BIN#:
PCN#: | Customer Service #: | Please attach a copy of the front and back of the patient's insurance card, if available.*****

PRESCRIPTION

New Refill | Ship by: | Ship to: Patient's Home Doctor's Office Other:___________________

Drug	Strength	Directions	Quantity	Refills
Praluent®	75mg Pen 75mg PFS 150mg Pen 150mg PFS	Inject 75mg SubQ every 2 weeks Inject 150mg SubQ every 2 weeks	1 month supply	
Repatha®	140mg/mL SureClick® 420 mg/3.5mL single-use Pushtronex™ System	Inject 140-mg/mL subcutaneously using a SureClick® autoinjector every 2 weeks Administer 420-mg/3.5mL subcutaneously using a Pushtronex™ system (on body infusor with prefilled cartridge) once monthly	1 month supply	
Zontivity®	2.08mg	Take 1 tablet by mouth once daily	1 month supply	
Other:				

DIAGNOSIS AND CLINICAL INFORMATION

*****PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY**

150.20 Systolic Heart Failure unspecified
150.22 Systolic Heart Failure Chronic
E78.0 Pure Hypercholesterolemia (Including HeFH and HoFH)
E78.2 Mixed Hyperlipidemia
E78.4 Other Unspecified Hyperlipidemia
125.10 Atherosclerotic Cardiovascular Disease
Other: ____

Prior Medication Failed: ____
Length of Treatment:____
Reason for Discontinuation: ____

Beta Blockers: Carvedilol Metroprolol Succinate Other:____________________
Beta-blocker dose:_____________________
Stable at Maximum Tolerated Dose: Yes No
Not on beta-blocker due to: beta-blocker intolerance beta-blocker contraindication
ACEs: Lisinopril Enalapril Ramipril Other:______________________
ARBs: Losartan Valsartan Other:________________________
Resting Heart Rate: > 70 BPM or enter rate _______________ In Sinus Rhythm Yes No
Left Ventricular Ejection Fraction ≤ 35%?: Yes ______________________________
LDL-C Treatment: Atovastatin Rosuvastatin Simvastatin Ezetimibe Other
Dose: ____________

Allergies:

Additional Clinical Information:

INJECTION TRAINING:

Patient has received pen and injection training Physician's office to provide injection training FOSRX/FAST to coordinate injection training

PRESCRIBING PRACTITIONER SIGNATURE

To Prescribing Practitioner: By signing this form and utilizing our services, you are also authorizing FOSRX/FAST to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies and co-pay foundations.

Prescribing Practitioner Signature: | **Date:**