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## Cardiology Referral Form

**Urgent/Stat**      **Standard**

<b>Prescriber</b>	<b>Prescriber Information</b>					
	Prescriber Name:			MD	PA	NP
	NPI:		DEA:		Office Contact:	
	Address:					
<b>Patient</b>	<b>Patient Information - Fax A Copy Of The Front And Back Of All Insurance Cards</b>					
	First Name:		MI:	Last Name:		
	DOB:	Sex: M F	Last 4 Digits SSN :		Interpreter: Y N Specify:	
	Address:					
	City:	State:	Zip:	Phone #:	Fax #:	
<b>Clinical</b>	<b>Clinical Information - Please Send Progress Notes, Lab Reports And Any Other Supporting Documents</b>					
	ICD10/ Diagnosis Code:	Primary Diagnosis: Pure Hypercholesterolemia, Heterozygous FH (E78.0) Pure Hypercholesterolemia, Homozygous FH (E78.0) Hyperlipidemia, Mixed (E78.2)				
		Secondary Diagnosis: Unstable Angina (I20.0) Angina Pectoris, Unspecified (I20.9) Acute MI (I21) ASCVD without Angina (I25.10)				
	ASCVD with Unstable Angina(I25.110) CABG(Z95.1) Stroke(I63) PVD(I73.9) PVD(I73.9) Carotid Artery Occlusion/Stenosis (I65.2) TIA(G45.9) Other(Specified ICD):					
	Current Medications:					
	Prior Therapies:				Diagnosis Date: / /	
	Continuity of Care: / /	Allergies: NKDA Other				
<b>Prescription</b>	<b>Prescription Information</b>					
	Dose Start Date: / /	New Prescription		Refill Prescription	New to Therapy      Restarting Therapy	
	Deliver to:	Patient's Home	Prescriber's Office	Other		
	Drug	Directions & Quantity			Refills	
	Repatha®	SureClick® autoinjector		Inject 140 mg SQ every 2 weeks (Quantity: 2)		
		Pre-filled Syringe		Inject 140 mg SQ every 2 weeks (Quantity: 2) Inject 420 mg SQ oncy monthly (Quantity:3) * To administer 420 mg, give 3 injections consecutively within 30 minutes*		
		Pushtronex® System		Administer 420 mg SQ once monthly over 9 minutes by using the single- use on-body infusor with prefilled cartridge (Quantity:1)		
	Praluent®	Pre-filled Pen	Inject 75 mg SQ every 2 weeks (Quantity: 2) Inject 150 mg SQ every 2 weeks (Quantity: 2) Inject 300 mg SQ every 4 weeks (Quantity: 2) * To administer 300 mg, give two 150 mg injections consecutively at two different injection sites*			
		75 mg/mL      150 mg/mL				
	Other					
Dispense ancillary supplies, syringes and medical equipment necessary to administer medication.						
<b>Injection Training</b>						
Patient received injection training		Prescriber's office to provide injection training		Universal to coordinate injection training		

By signing this form and utilizing our services, you are authorizing Universal Specialty Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

<b>Sign</b>	<b>Prescriber Signature and Date (Required to validate prescription)</b>	
	Physician Signature:	Date: / /

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