

Pulmonary Arterial Hypertension

Referral Form

Patient Information			Prescriber Information	on	
Patient Name: DOB:		Prescriber's Name:			
Address:			NPI#:		
City: State:	Zip:		DEA#:	License#:	
Phone: Alternate Phone:	SSN:		Address:		
Height: Weight: Alle	rgies:		Phone:	Fax:	
Emergency Contant: Pho	ne:		Contact Person:		
Clinical Consideration					
127.2 Other secondary pu Connective Tissue I Other (please specify): Date Of Diagnosis:		СТЕРН	Associated		
Start Date: Review Date:					
		1			
Medication	Dose	Г	Pirections for Use	Qty	Refills
ADCIRCA® (Tadalafil)		C	irections for Use	Qty	Refills
	Dose	С	Pirections for Use	Qty	Refills
ADCIRCA® (Tadalafil)	Dose	С	Pirections for Use	Qty	Refills
ADCIRCA® (Tadalafil) VELETRI® (Epoprostenol Sodium)	Dose	C	Directions for Use	Qty	Refills
ADCIRCA® (Tadalafil) VELETRI® (Epoprostenol Sodium) REMODULIN® (Treprostinil Sodium)	Dose 20 mg Tablet	С	Directions for Use	Qty	Refills
ADCIRCA® (Tadalafil) VELETRI® (Epoprostenol Sodium) REMODULIN® (Treprostinil Sodium) REVATIO® (Sildenafil)	Dose 20 mg Tablet	С	virections for Use	Qty	Refills
ADCIRCA® (Tadalafil) VELETRI® (Epoprostenol Sodium) REMODULIN® (Treprostinil Sodium) REVATIO® (Sildenafil) TYVASO® (Treprostinil Inhalation Solution)	Dose 20 mg Tablet	C	Pirections for Use	Qty	Refills
ADCIRCA® (Tadalafil) VELETRI® (Epoprostenol Sodium) REMODULIN® (Treprostinil Sodium) REVATIO® (Sildenafil) TYVASO® (Treprostinil Inhalation Solution) LETAIRIS® (Ambrisentan)	Dose 20 mg Tablet	C	Pirections for Use	Qty	Refills
ADCIRCA® (Tadalafil) VELETRI® (Epoprostenol Sodium) REMODULIN® (Treprostinil Sodium) REVATIO® (Sildenafil) TYVASO® (Treprostinil Inhalation Solution) LETAIRIS® (Ambrisentan) TRACLEER® (Bosentan)	Dose 20 mg Tablet 20 mg Tablet	y agent in ord	er to initiate and execute the		