HEALTH GUARD

CARDIOLOGY

Phone: (323) 222-8882
Fax: (323) 222-6686

1833B E. Cesar E Chavez Ave
Los Angeles, CA 90033-2415

Date Medication Needed: ______________

Ship To: ◯ Patient's Home ◯ Prescriber's Office

1. Patient/Insurance Information

Patient Name: ______________ Birthdate: ______________ Sex: ◯ Male ◯ Female Height: ________ Weight: ________ ◯ lbs. ◯ kg.

Soc. Sec. #: ______________ Preferred Phone: ______________ Known Allergies: ______________

Address: ______________ City: ______________ State: ________ Zip: ________

Alternate Caregiver Name: ______________ Preferred Phone: ______________

2 Injection Training

☐ Patient received injection training ☐ Prescriber's office to provide injection training ☐ Health Guard Pharmacy to coordinate injection training

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

Medication	Strength	Directions/SIG	Qty.	Refill
Praluent	☐ 150mg Pre-Filled Pen ☐ 75mg Pre-Filled Pen ☐ 75mg Pre-Filled Syringe	☐ Inject 75mg subcutaneously every 2 weeks ☐ Inject 150mg subcutaneously every 2 weeks		
Repatha	☐ 140mg/mL SureClick Autoinjector ☐ 140mg/mL Pre-Filled Syringe	☐ Inject 140mg subcutaneously every 2 weeks ☐ Inject 420mg subcutaneously once monthly ** To administer 420mg, give 3 Repatha injections consecutively within 30 minutes!*		
	☐ 420mg/3.5 mL single-use Pushtronex system	☐ Administer subcutaneously once monthly over 9 minutes by using the single-use on-body infuser with prefilled cartridge.		
Other:				

3. Prescriber Information

Provider Name: ______________ DEA#: ______________ NPI#: ______________ Tax ID#: ______________

Address: ______________ Phone: ______________ Fax: ______________

City, State, Zip: ______________ Key Contact: ______________ Phone: ______________

Signature: ______________________ **Date:** ______________

I authorize Health Guard Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

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