CEDRA

NEUROLOGY
REFERRAL FORM

FAX 888 889 7129
TOLL FREE 844 233 7279
CEDRASPECIALTY.COM

PATIENT INFORMATION

Patient Name: DOB: Language: ☐ English ☐ Other

SSN#: Preferred Phone: Sex: ☐ Male ☐ Female Height: Weight: ☐ lbs ☐ kg

Address: Known Allergies:

City: State: Zip: Preferred Phone:

*** PLEASE FAX FRONT/BACK COPY OF PHARMACY BENEFIT CARD, MEDICAL INSURANCE CARD, NOTES, LABS & TESTS WITH THE PRESCRIPTION TO EXPEDITE PROCESSING ***

PRESCRIBER INFORMATION

Prescriber Name: DEA#: NPI#: Tax ID#:

Address: Phone: E-mail:

City: State: Zip: Key Contact: Phone: Fax:

STATUS UPDATE PREFERENCE: ☐ Phone ☐ Text ☐ Fax ☐ E-mail:

DIAGNOSIS/CLINICAL INFORMATION

Diagnosis: ICD-10 Code: Serum Creatinine Level: Date:

Liver Disease? ☐ Yes ☐ No If Yes, Please Describe: ALT:

Other medications patient is currently taking including OTC medications with dosage and directions (or fax medication profile):

PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	SIG	QTY.	REFILLS
☐ AMANTADINE [1,2]	☐ 100 mg Tablets ☐ 50 mg/5 mL Syrup	☐ 100 mg by mouth twice daily.		
☐ RILUZOLE	☐ 50 mg Tablets	☐ Take 1 tablet by mouth every 12 hours		
☐ TETRABENAZINE [3,4]	☐ 12.5 mg Tablets ☐ 25 mg Tablets ☐ ☐	Initial dose: The dose of tetrabenazine should be individualized. The recommended starting dose is 12.5 mg per day given once in the morning. After 1 week, the dose can be increased to 25 mg per day given as 12.5 mg twice a day. Titration dose: Dosage may be increased by 12.5 mg daily at weekly intervals until the maximum tolerated and effective dose is reached; daily doses >37.5 mg should be divided into 3 doses (maximum single dose: 25 mg). Maintenance Dose: In most cases, maximum daily dose is 25 mg 3 times daily.		
☐				
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[1] Dose adjustment in renal impairment recommended.
[2] Occasionally, patients whose responses are not optimal with SYMMETREL at 200 mg daily may benefit from an increase up to 300 mg daily in divided doses.
[3] If treatment is interrupted for >5 days, re-titration is recommended. If treatment is interrupted for <5 days resume at previous maintenance dose.
[4] For elderly and debilitated patients and those who are CYP2D6 poor metabolizers, a slower titration may be more appropriate.

Date Medication Needed: Deliver To: ☐ Patient Home ☐ MD Office

Prescriber Signature: (Please sign and date below.)
Your signature authorizes Cedra Pharmacy to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.

Substitution Permissible Date Dispense as written "DAW" Date

ACCREDITED Compounding Pharmacy

SUBMIT FORM CLEAR FORM