Fountain Valley Medical Center Pharmacy Anticoagulation/Antiplatelet Order Form

*****Prior authorization support: Submit most up to date Progress Notes to our fax at 714-979-0532.**

Patient Information	**Prescriber Information**		
Name: ☐ Male ☐Female	**Pharmacy Info:** **We accept E-Script** **NPI: 1336290527**	Fountain Valley Medical Center Pharmacy 11100 Warner Ave. Suite 1 Fountain Valley, CA 92708	Today's Date: Need By Date:
Date of Birth:	**Prescriber Name:** **DEA:** **Address:**		Deliver to (free): ☐ Patient's Home ☐ _Hospital Bedside
SSN: **Address:** **City, State, ZIP Code:** **Phone:**	**Prescriber Signature:** ____________________ By signing above, the prescriber gives consent to the prescriptions below, as to Fountain Valley Medical Center Pharmacy to act as the prescriber's agent to begin and execute the prior authorization process, and to help the patient apply to co-pay assistance programs, including all foundations and manufacturer assistance programs, if necessary.		Hospital Location *Bedside Delivery ____________
Patient Diagnosis: ICD-10 Code: Date of Diagnosis:	Weight: Height: CrCl: Allergies:		

Anticoagulant Prescription Information

MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
☐ Xarelto® (rivoroxaban)	10 mg 15 mg 20 mg Starter Pack (treatment of DVT/PE)			
☐ Arixtra® (fondaparinux sodium)	□ 2.5 mg/0.5ml □ 5mg/0.4 ml □ 7.5 mg/0.6 ml □ 10 mg/0.8ml			
☐ Fragmin® (dalteparin sodium)	□ 2500IU/0.2 ml □ 5000IU/0.2ml □ 7500IU/0.3 ml □ 10000 IU/1ml □ 12500IU/0.5ml □ 18000IU/0.72ml □ 25000IU/1ml			
☐ Eliquis® (apixaban)	2.5mg 5 mg starter pack (DVT/PE treatment)			
☐ Lovenox® (enoxaparin sodium)	□ 30 mg/0.3 ml □ 40 mg/0.4 ml □ 60 mg/0.6 ml □ 80 mg/0.8 ml □ 100 mg/1 ml □ 120 mg/ 0.8 ml □ 150 mg/ 1 ml			
☐ Coumadin® (warfarin sodium)	1 mg 3 mg 6 mg 2 mg 4 mg 7.5 mg 2.5 mg 5 mg 10 mg			

Antiplatelet Prescription Information

MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
☐ Aspirin	81 mg 325 mg			
☐ Clopidogrel	75 mg			
☐ Effient (prasugrel)	5 mg 10 mg			
☐ Brilinta (ticagrelor)	60 mg 90 mg			

Compression Stockings

Pressure Requested (mmHg)	Measurements (inches or cm)	Style	Pricing	Delivery
< 15 mmHg 15-20 mmHg 20-30 mmHg 30-40 mmHg >40mmHg	Ankle circumference: Calf circumference : Thigh circumference: Heel-to-thigh length: Heel-to-knee length:	Knee high Thigh high	$15 to $40 (varies based on measurement)	Mail (free) Delivery (free)

Important Notice: This form is intended to be delivered only to the named addressee, and may contain material that is confidential, privileged, proprietary, or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and phone number set forth herein and obtain instructions as to disposal of transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.

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Download Fillable forms on our website at www.fvmcp.com,