

Fountain Valley Medical Center Pharmacy Hyperkalemia Order Form

Fax/Esript prescription to :
 Fax: 714-979-0532
 E-Script: Search for us at NPI 1336290527

Patient Information			Provider/Pharmacy Information	
Patient Name:			Provider Name:	
Allergies:			NPI#:	Specialty:
Date of Birth:			Office Phone:	
Street Address:			Office Fax:	
City:	State:	Zip:	Pharmacy Info: Fountain Valley Medical Center Pharmacy Address: 11100 Warner Ave. Suite 1 Fountain Valley, CA 92708	
Phone:				

Medication Information (required)

Medication Name: Veltassa (Patiomer)	Strength: 8.4 g 1 6.8 g 25.2 g	Dosage Form: <small>Package for Oral Suspension</small>
Quantity: 4 packets 30 packets Refills: 0 1 2 3 4 5	Directions for Use: Mix contents of 1 packet in water and drink daily with food.	

Clinical Information

Please fax us most current **Progress Notes** at 714-979-0532. Our team will notify you of any additional information needed.

Continuation of therapy

Is this request for continuation of therapy? Yes No

Select the diagnosis below:

- Non-life threatening hyperkalemia
 Other diagnosis: _____

ICD-10 Code(s): _____

Hyperkalemia Questionnaire:

Have medications known to cause hyperkalemia (e.g., angiotensin-converting enzyme inhibitor, angiotensin II receptor blocker, aldosterone antagonist, nonsteroidal anti-inflammatory drugs [NSAIDs]) been discontinued or reduced to the lowest effective dose where clinically appropriate? **Yes No**

Has the patient failed loop or thiazide diuretic therapy for potassium removal where clinically appropriate? **Yes No**

Does the patient follow a low potassium diet (less than or equal to 3 grams per day)? **Yes No**

Does the patient have CKD? **Yes No**

Does the patient have heart failure? **Yes No**

Has the patient used Kaexylate (sodium polystyrene sulfate)? **Yes No**

If so, did the patient suffer constipation? **Yes No**

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 the 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. 20180430

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