DELTADRUGS

Angina Pectoris

437 Fernando Court • Glendale, CA 91204 • **MAIN:** 818.309.2884 • **FAX:** 818.309.1704 • rx@deltadrugs.com

PATIENT INFORMATION

Patient Name: ______________________ Patient SSN#: ______________________

Address: ____
Address, City, State, Zip Code

Phone #: ____________ 2nd Phone #: ____________ Date of Birth: ____________ Gender: ❑ Male ❑ Female

Weight (lbs): ____________ Height (in.): ____________ Allergies: ______________________

CLINICAL INFORMATION

ICD-10 Diagnosis
❑ I20.9 Angina Pectoris

Comorbidities: ______________________ Medication Reconciliation: ______________________

MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
❑ GONITRO™	❑ 400mcg	❑ Dissolve 1 to 2 packets at onset of symptoms (max of 3 packets per episode)	❑ 1 box=36 packets	

PHYSICIAN INFORMATION

Physician Name: ______________________

NPI #: ______________________

Address: ______________________

Phone #: ____________ Fax #: ____________

Physician's Signature: ______________________ Date: ____________

❑ Dispense As Written

Ship to: ❑ Physician's Office ❑ Patient's Home

I AUTHORIZE DELTA DRUGS AND ITS REPRESENTATIVES TO ACT AS AN AGENT TO INITIATE AND EXECUTE THE INSURANCE PRIOR AUTHORIZATION PROCESS.

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