

# RPh LABS

RPh Labs Corp.

8230 Elmbrook Drive, Suite 200, Dallas, Texas, 75247-4012

CLIA: 45D2288954 NPI: 1568248581

Tel/Fax: (888) 383-2181, Email: [hello@rphlabs.com](mailto:hello@rphlabs.com)

Website: <https://www.rphlabs.com>

BARCODE



COLA ID: 33822



CLIA ID: 45D2288954



PATIENT INFORMATION				PROVIDER INFORMATION							
FIRST NAME:				FACILITY NAME:							
LAST NAME:				PROVIDER NAME:							
DOB:		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		NPI:		EMAIL:					
ADDRESS:				FAX:		PHONE:					
CITY:		STATE:	ZIP:	ADDRESS:							
EMAIL:		PHONE:		CITY:		STATE:	ZIP:				
ANCESTRY				SPECIMEN INFORMATION							
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> East Asian		DATE OF COLLECTION:		TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM					
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> South Asian		SPECIMEN TYPE: <input type="checkbox"/> Buccal Swab		COLLECTOR:					
<input type="checkbox"/> Native American	<input type="checkbox"/> North African	<input type="checkbox"/> Other									
INSURANCE INFORMATION											
<input type="checkbox"/> Insurance			<input type="checkbox"/> Client Bill			<input type="checkbox"/> Self-Pay					
CARRIER:		GROUP #:		POLICY #:							
NAME OF INSURED:		DOB OF INSURED:		RELATIONSHIP:							
*Please attach a copy of the insurance card & other demographics											
PHYSICIAN AUTHORIZATION				PATIENT AUTHORIZATION							
<p>I, the undersigned provider, attest that I am the ordering physician and treating clinician for the patient identified on this requisition. I confirm that the medical necessity for each test ordered is documented in the patient's record, and I will provide supporting documentation within 72 hours when requested. I attest that all tests ordered are medically necessary, individualized to the patient's condition, clinically appropriate in frequency, and will guide patient care decisions. I have attached all prescribed medications, over-the-counter drugs, and herbal products that may impact test results. I certify that all information provided, including ICD-10 codes, is accurate and complies with applicable payer medical necessity policies. I confirm that the patient (or their legal guardian) has provided informed consent for this genetic test, and a record of this consent is maintained or attached. I authorize the laboratory to bill the patient and/or their insurance for the ordered tests. I acknowledge that testing will be performed in compliance with all applicable healthcare regulations, including HIPAA and CLIA, as required.</p>				<p>I voluntarily consent to the collection and testing of my specimen and authorize the laboratory to perform the ordered test and release my test results to the ordering clinician. If I have provided my insurance information, I authorize performing lab to bill my insurance directly, receive payment on my behalf, and act as my designated representative to appeal any denial of health benefits. I understand that I am responsible for any amounts not covered by my insurance, including deductibles, copayments, and coinsurance, and for forwarding any payments I may receive from my insurer to performing lab for services rendered. I confirm that I have an ongoing provider-patient relationship with the ordering provider and that test results will be used in the provision of my healthcare.</p>							
PHYSICIAN SIGNATURE: _____ DATE: _____				PATIENT SIGNATURE: _____ DATE: _____							
TEST SELECTION											
<p><b>Current RX or Considering RX:</b> Please put a check mark next to the medications you want to order a test on in either Current RX indicating that you are currently prescribing the medication or Considering RX if you are evaluating the medication for the patient.</p> <p><b>ICD10:</b> Please put the diagnosis code that is the reason for the current/considered RX.</p>				<p><b>Provider Notes:</b> Please describe in as much detail as possible why you are evaluating the medication for Selection, Avoidance or Dosage. e.g. if you are evaluating a current RX for avoidance, please indicate the adverse reaction.</p> <p><b>Dosage, Avoidance or Selection:</b> Please select D for Dosage, A for Avoidance or S for selection, you may be evaluating this for all 3 reasons or just one, please indicate which.</p>							
COMPREHENSIVE GENE LIST:		ABCG2	BCHE	CYP2C19	CYP2D6	CYP3A5	DPYD	NAT2	RNR1	TPMT	UTG1A1
		APOE	CYP2B6	CYP2C9	CYP3A4	CYP4F2	G6PD	NUDT15	SLCO1B1	UGT2B17	VKORC1
<p>To ensure that <b>medical necessity</b> requirements are met, <b>at least one medication and corresponding diagnosis (ICD-10) code must be selected</b> from the options below. An additional area is included for any other medications, diagnoses, or notes not listed in the table for comprehensive documentation of the patient's care.</p>											
MEDICATIONS & ICD-10 CODES REQUIRED FOR PHARMACOGENOMIC TESTING											
(Select all that apply)											
<p>Provider Notes: Please describe in as much detail as possible why you are evaluating the medication for Selection, Avoidance or Dosage. e.g. if you are evaluating the current RX for avoidance, please indicate an adverse reaction. ICD List Disclaimer: It is the sole responsibility of the ordering clinician to diagnose the patient accurately and faithfully. The diagnosis codes provided below are published by the CMS for ease of ordering. Any diagnosis codes on the requisition should also be documented in the patients' clinical medical records. Please provide a copy of those records along with the order.</p>											

CYP2D6

**ADRENERGIC AGENTS**

**Carvedilol (Coreg)**  
 Current  Considering  D  A  S  
 I50.1  I50.40  I10  
 I50.20  I50.89  
 I50.30  I50.9  
 Other: \_\_\_\_\_

**Lofexidine (Lucemyra)**  
 Current  Considering  D  A  S  
 F11.23  
 Other: \_\_\_\_\_

**ANTIARRHYTHMICS**

**Propafenone (Rythmol)**  
 Current  Considering  D  A  S  
 I48.0  I48.11  I48.19  
 Other: \_\_\_\_\_

**TRICYCLIC ANTIDEPRESSANTS**

**Amitriptyline (Elavil)**  
 Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**Clomipramine (Anafranil)**  
 Current  Considering  D  A  S  
 F60.5  
 Other: \_\_\_\_\_

**Desipramine (Norpramin)**  
 Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**Doxepin (Silenor)**  
 Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  G47.09  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**Imipramine (Tofranil)**  
 Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**Nortriptyline (Pamelor, Aventyl)**  
 Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**Trimipramine (Surmontil)**  
 Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**SSRI's**

**Citalopram (Celexa)**  
 Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**Escitalopram (Lexapro)**  
 Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  F41.1  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**Fluvoxamine (Luvox)**  
 Current  Considering  D  A  S  
 F60.5  
 Other: \_\_\_\_\_

**Paroxetine (Paxil)**  
 Current  Considering  D  A  S  
 F32.1  F33.2  F41.0  
 F32.2  F33.3  F41.1  
 F32.3  F33.41  F43.11  
 F32.4  F33.9  F43.12  
 F32.9  F40.01  F32.81  
 F33.1  F40.11  
 Other: \_\_\_\_\_

**Sertraline (Zoloft)**  
 Current  Considering  D  A  S  
 F32.1  F33.1  F40.11  
 F32.2  F33.2  F41.0  
 F32.3  F33.3  F43.11  
 F32.4  F33.41  F43.12  
 F32.81  F33.9  F60.5  
 F32.9  F40.01  
 Other: \_\_\_\_\_

**CNS STIMULANTS**

**Amphetamine (Eveko, Dyanavel XR, Adzenys XR-ODT)**  
 Current  Considering  D  A  S  
 F90.1  F90.2  F90.8  
 Other: \_\_\_\_\_

**Atomoxetine (Strattera)**  
 Current  Considering  D  A  S  
 F90.1  F90.2  F90.8  
 Other: \_\_\_\_\_

**Pitolisant (Wakix)**  
 Current  Considering  D  A  S  
 G47.411  G47.419  
 Other: \_\_\_\_\_

**ANTIPSYCHOTICS**

**Aripiprazole (Abilify)**  
 Current  Considering  D  A  S  
 F20.0  F33.1  F31.4  
 F20.1  F33.2  F31.5  
 F20.2  F33.3  F31.61  
 F20.3  F33.41  F31.62  
 F20.5  F33.9  F31.63  
 F20.81  F31.0  F31.64  
 F20.89  F31.11  F31.71  
 F32.1  F31.12  F31.73  
 F32.2  F31.13  F31.75  
 F32.3  F31.2  F31.77  
 F32.4  F31.31  F84.0  
 F32.9  F31.32  F95.2  
 Other: \_\_\_\_\_

**Aripiprazole Lauroxil (Aristrada)**

Current  Considering  D  A  S  
 F20.0  F20.3  F20.89  
 F20.1  F20.5  
 F20.2  F20.81  
 Other: \_\_\_\_\_

**Brexipiprazole (Rexulti)**  
 Current  Considering  D  A  S  
 F20.0  F20.89  F33.1  
 F20.1  F32.1  F33.2  
 F20.2  F32.2  F33.3  
 F20.3  F32.3  F33.41  
 F20.5  F32.4  F33.9  
 F20.81  F32.9  
 Other: \_\_\_\_\_

**Clozapine (Clozaril, Versacloz, FazaClo ODT)**  
 Current  Considering  D  A  S  
 F20.0  F20.3  F20.89  
 F20.1  F20.5  
 F20.2  F20.81  
 R45.851  
 Other: \_\_\_\_\_

**Iloperidone (Fanapt)**  
 Current  Considering  D  A  S  
 F20.0  F20.3  F20.89  
 F20.1  F20.5  
 F20.2  F20.81  
 Other: \_\_\_\_\_

**Perphenazine (Trilafon, Etrafon, Triavil, Triptafen)**  
 Current  Considering  D  A  S  
 F20.0  F20.3  F20.89  
 F20.1  F20.5  R11.2  
 F20.2  F20.81  
 Other: \_\_\_\_\_

**Pimozide (Orap)**  
 Current  Considering  D  A  S  
 F95.2  
 Other: \_\_\_\_\_

**Thioridazine (Mellaril)**  
 Current  Considering  D  A  S  
 F20.0  F20.3  F20.89  
 F20.1  F20.5  
 F20.2  F20.81  
 Other: \_\_\_\_\_

**OPIOID ANALGESICS**

**Codeine (Nelx AC, VroxeX CB, BroveX CBX, EndaCof-AC)**  
 Current  Considering  D  A  S  
 G89.11  G89.29  
 G89.18  R52  
 Other: \_\_\_\_\_

**Hydrocodone (Vicodin, Loratab, Lorcet-HD, Hycodan, Vicoprofen)**  
 Current  Considering  D  A  S  
 G89.11  G89.29  
 G89.18  R52  
 Other: \_\_\_\_\_

**Oliceridine (Olinvyk)**  
 Current  Considering  D  A  S  
 G89.11  G89.18  R52  
 Other: \_\_\_\_\_

**Tramadol (Ultram)**

Current  Considering  D  A  S  
 G89.11  G89.29  
 G89.18  R52  
 Other: \_\_\_\_\_

**VMAT2 INHIBITORS**

**Deutetrabenazine (Austedo)**  
 Current  Considering  D  A  S  
 G10  G24.01  
 Other: \_\_\_\_\_

**Tetrabenazine (Nitoman, Xenazine)**  
 Current  Considering  D  A  S  
 G10  
 Other: \_\_\_\_\_

**Valbenazine (Ingrezza)**  
 Current  Considering  D  A  S  
 G24.01  
 Other: \_\_\_\_\_

**ANTINEOPLASTICS/ONCOLOGY**

**Gefitinib (Iressa)**  
 Current  Considering  D  A  S  
 C34.90  
 Other: \_\_\_\_\_

**Tamoxifen (Soltamox, Nolvadex)**  
 Current  Considering  D  A  S  
 D05.10  Z80.3  C50.919  
 D05.11  Z85.3  C50.929  
 D05.12  Z86.000  
 Other: \_\_\_\_\_

**ENZYME INHIBITORS**

**Eliglustat (Cerdelga)**  
 Current  Considering  D  A  S  
 E75.22  
 Other: \_\_\_\_\_

**ANTICHOLINERGICS**

**Tolterodine (Detrol)**  
 Current  Considering  D  A  S  
 N32.81  N39.41  N39.46  
 Other: \_\_\_\_\_

**CHOLINERGIC AGENTS**

**Cevimeline (Evoxac)**  
 Current  Considering  D  A  S  
 M35.00  
 Other: \_\_\_\_\_

**ANTIEMETICS/PROKINETICS**

**Mecizine (Antivert)**  
 Current  Considering  D  A  S  
 T75.3XXA  T75.3XXS  
 T75.3XXD  R11.2  
 Other: \_\_\_\_\_

**Metoclopramide (Reglan, Metozolv)**  
 Current  Considering  D  A  S  
 R11.2  K21.00  K21.9  
 K31.84  K21.01  
 Other: \_\_\_\_\_

**Ondansetron (Zofran)**  
 Current  Considering  D  A  S  
 R11.2  
 Other: \_\_\_\_\_

**Tropisetron (Navoban)**  
 Current  Considering  D  A  S  
 R11.2  
 Other: \_\_\_\_\_

**CYP2C19**

**ANTICONVULSANTS**

**□ Brivaracetam (Briviact)**  
 Current  Considering  D  A  S  
 G40.101  G40.119  G40.211  
 G40.109  G40.201  G40.219  
 G40.111  G40.209  
 Other: \_\_\_\_\_

**□ Clobazam (Onfi)**  
 Current  Considering  D  A  S  
 G40.811  G40.813  
 G40.812  G40.814  
 Other: \_\_\_\_\_

**□ Fosphenytoin (Cerebyx)**  
 Current  Considering  D  A  S  
 G40.201  G40.309  G40.411  
 G40.209  G40.311  G40.419  
 G40.211  G40.319  Z48.811  
 G40.219  G40.401  
 G40.301  G40.409  
 Other: \_\_\_\_\_

**□ Phenytoin (Dilantin, Phenytek)**  
 Current  Considering  D  A  S  
 G40.201  G40.309  G40.411  
 G40.209  G40.311  G40.419  
 G40.211  G40.319  Z48.811  
 G40.219  G40.401  
 G40.301  G40.409  
 Other: \_\_\_\_\_

**TRICYCLIC ANTIDEPRESSANTS**

**□ Amitriptyline (Elavil)**  
 Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**□ Clomipramine (Anafranil)**  
 Current  Considering  D  A  S  
 F60.5  
 Other: \_\_\_\_\_

**□ Desipramine (Norpramin)**  
 Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**□ Doxepin (Silenor)**

Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  G47.09  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**□ Imipramine (Tofranil)**  
 Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**□ Nortriptyline (Pamelor, Aventyl)**  
 Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**□ Trimipramine (Surmontil)**  
 Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**SSRI's**

**□ Citalopram (Celexa)**  
 Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**□ Escitalopram (Lexapro)**  
 Current  Considering  D  A  S  
 F32.1  F32.9  F33.41  
 F32.2  F33.1  F33.9  
 F32.3  F33.2  F41.1  
 F32.4  F33.3  
 Other: \_\_\_\_\_

**□ Fluvoxamine (Luvox)**  
 Current  Considering  D  A  S  
 F60.5  
 Other: \_\_\_\_\_

**□ Paroxetine (Paxil)**

Current  Considering  D  A  S  
 F32.1  F33.2  F41.0  
 F32.2  F33.3  F41.1  
 F32.3  F33.41  F43.11  
 F32.4  F33.9  F43.12  
 F32.9  F40.01  F32.81  
 F33.1  F40.11  
 Other: \_\_\_\_\_

**□ Sertraline (Zoloft)**  
 Current  Considering  D  A  S  
 F32.1  F33.1  F40.11  
 F32.2  F33.2  F41.0  
 F32.3  F33.3  F43.11  
 F32.4  F33.41  F43.12  
 F32.81  F33.9  F60.5  
 F32.9  F40.01  
 Other: \_\_\_\_\_

**SNRIS & OTHER SEROTONERGIC AGENTS**

**□ Flibanserin (Addyi)**  
 Current  Considering  D  A  S  
 F52.0  
 Other: \_\_\_\_\_

**PROTON PUMP INHIBITORS**

**□ Dexlansoprazole (Dexilant)**  
 Current  Considering  D  A  S  
 E16.4  K21.9  K26.6  
 E31.20  K22.10  K26.7  
 K21.00  K22.11  K26.9  
 K21.01  K25.9  
 Other: \_\_\_\_\_

**□ Lansoprazole (Prevacid)**  
 Current  Considering  D  A  S  
 E16.4  K21.9  K26.6  
 E31.20  K22.10  K26.7  
 K21.00  K22.11  K26.9  
 K21.01  K25.9  
 Other: \_\_\_\_\_

**□ Omeprazole (Prilosec)**  
 Current  Considering  D  A  S  
 E16.4  K21.9  K26.6  
 E31.20  K22.10  K26.7  
 K21.00  K22.11  K26.9  
 K21.01  K25.9  
 Other: \_\_\_\_\_

**□ Pantoprazole (Protonix)**

Current  Considering  D  A  S  
 E16.4  K21.9  K26.6  
 E31.20  K22.10  K26.7  
 K21.00  K22.11  K26.9  
 K21.01  K25.9  
 Other: \_\_\_\_\_

**ANTIPLATELETS**

**□ Clopidogrel (Plavix)**  
 Current  Considering  D  A  S  
 I20.0  I21.4  I69.30  
 I21.01  I21.A1  Z86.73  
 I21.02  I21.A9  Z98.61  
 I21.09  I22.0  Z98.62  
 I21.11  I22.1  I25.10  
 I21.19  I22.2  I21.B  
 I21.21  I22.8  
 I21.29  I25.2  
 Other: \_\_\_\_\_

**IMMUNOSUPPRESSANTS**

**□ Abrocitinib (Cibinqo)**  
 Current  Considering  D  A  S  
 L20.89  
 Other: \_\_\_\_\_

**ANTINEOPLASTICS/ONCOLOGY**

**□ Belzutifan (Welireg)**  
 Current  Considering  D  A  S  
 C25.4  C67.3  D13.7  
 C64.1  C67.4  D18.02  
 C64.2  C67.5  D32.0  
 C65.1  C67.6  D32.1  
 C65.2  C67.7  D33.0  
 C66.1  C67.8  D33.1  
 C66.2  C68.0  D33.3  
 C67.0  C68.1  D33.4  
 C67.1  C68.8  D33.7  
 C67.2  C7A.093  
 Other: \_\_\_\_\_

**ANTIFUNGALS**

**□ Voriconazole (Vfend)**  
 Current  Considering  D  A  S  
 B37.81  B44.0  
 B37.89  B48.8  
 Other: \_\_\_\_\_

**CARDIOVASCULAR AGENTS**

**□ Mavacamten (Camzyos)**  
 Current  Considering  D  A  S  
 I42.1  
 Other: \_\_\_\_\_

**CYP2C9**

**ANTICONVULSANTS**

**□ Fosphenytoin (Cerebyx)**  
 Current  Considering  D  A  S  
 G40.201  G40.309  G40.411  
 G40.209  G40.311  G40.419  
 G40.211  G40.319  Z48.811  
 G40.219  G40.401  
 G40.301  G40.409  
 Other: \_\_\_\_\_

**□ Phenytoin (Dilantin, Phenytek)**  
 Current  Considering  D  A  S  
 G40.201  G40.309  G40.411  
 G40.209  G40.311  G40.419  
 G40.211  G40.319  Z48.811  
 G40.219  G40.401  
 G40.301  G40.409  
 Other: \_\_\_\_\_

**NSAIDs**

**□ Celecoxib (Celebrex)**  
 Current  Considering  D  A  S  
 M06.8A  M19.09  M19.29  
 Other: \_\_\_\_\_

**□ Flurbiprofen (Ansaid)**  
 Current  Considering  D  A  S  
 M06.8A  M19.09  M19.29  
 Other: \_\_\_\_\_

**□ Ibuprofen (Advil, Motrin, Nurofen)**  
 Current  Considering  D  A  S  
 M06.8A  M19.09  M19.29  
 Other: \_\_\_\_\_

**□ Lornoxicam (Xefo)**  
 Current  Considering  D  A  S  
 M06.8A  M19.09  M19.29  
 Other: \_\_\_\_\_

**□ Meloxicam (Mobic, Vivlodex)**

Current  Considering  D  A  S  
 M06.8A  M19.09  M19.29  
 Other: \_\_\_\_\_

**□ Piroxicam (Feldene)**  
 Current  Considering  D  A  S  
 M06.8A  M19.09  M19.29  
 Other: \_\_\_\_\_

**□ Tenoxicam (Tilcotil)**  
 Current  Considering  D  A  S  
 M06.8A  M19.09  M19.29  
 Other: \_\_\_\_\_

**IMMUNOSUPPRESSANTS**

**□ Siponimod (Mayzent)**  
 Current  Considering  D  A  S  
 G35  
 Other: \_\_\_\_\_

**ANTINEOPLASTICS/ONCOLOGY**

**□ Erdafitinib (Balversa)**  
 Current  Considering  D  A  S  
 C67.9  D30.3  Z85.51  
 D09.0  Z80.52  
 Other: \_\_\_\_\_

**ANTIDIABETIC AGENTS**

**□ Nateglinide (Starlix)**  
 Current  Considering  D  A  S  
 T38.3X5A  
 Other: \_\_\_\_\_

**ANTIEMETICS/PROKINETICS**

**□ Dronabinol (Marinol, Syndros)**  
 Current  Considering  D  A  S  
 Other: \_\_\_\_\_

CYP2B6		CYP3A5	
<b>SSRI's</b> <input type="checkbox"/> <b>Sertraline (Zoloft)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> F32.1 <input type="checkbox"/> F33.1 <input type="checkbox"/> F40.11 <input type="checkbox"/> F32.2 <input type="checkbox"/> F33.2 <input type="checkbox"/> F41.0 <input type="checkbox"/> F32.3 <input type="checkbox"/> F33.3 <input type="checkbox"/> F43.11 <input type="checkbox"/> F32.4 <input type="checkbox"/> F33.41 <input type="checkbox"/> F43.12 <input type="checkbox"/> F32.81 <input type="checkbox"/> F33.9 <input type="checkbox"/> F60.5 <input type="checkbox"/> F32.9 <input type="checkbox"/> F40.01 <input type="checkbox"/> Other: _____	<b>ANTIRETROVIRAL</b> <input type="checkbox"/> <b>Efavirenz (Sustiva)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> B20 <input type="checkbox"/> Other: _____	<b>IMMUNOSUPPRESSANTS</b> <input type="checkbox"/> <b>Tacrolimus (Prograf, Envarsus XR, Astagraf XL)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> Z94.0 <input type="checkbox"/> Z94.1 <input type="checkbox"/> Z94.4 <input type="checkbox"/> Other: _____	
DPYD		G6PD	
<b>ANTINEOPLASTIC/ONCOLOGY</b> <input type="checkbox"/> <b>Capecitabine (Xeloda)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> C16.9 <input type="checkbox"/> C18.9 <input type="checkbox"/> C19 <input type="checkbox"/> C20 <input type="checkbox"/> C25.9 <input type="checkbox"/> C50.919 <input type="checkbox"/> C50.929 <input type="checkbox"/> Other: _____  <input type="checkbox"/> <b>Fluorouracil (Adrucil)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> C16.9 <input type="checkbox"/> C18.9 <input type="checkbox"/> C19 <input type="checkbox"/> C20 <input type="checkbox"/> C25.9 <input type="checkbox"/> C50.919 <input type="checkbox"/> C50.929 <input type="checkbox"/> Other: _____	<b>SULFONE ANTIBIOTIC</b> <input type="checkbox"/> <b>Dapsone (Aczone)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> L70.0 <input type="checkbox"/> Other: _____ <b>ANTIDOTE REDUCING AGENT</b> <input type="checkbox"/> <b>Methylene blue (Provaybue)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> D74.8 <input type="checkbox"/> Other: _____ <b>NITROFURAN ANTIBIOTIC</b> <input type="checkbox"/> <b>Nitrofurantoin (Furadantin, Macrobid, Macrochantin)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> N30.00 <input type="checkbox"/> N30.01 <input type="checkbox"/> Other: _____ <b>ANTIMALARIAL</b> <input type="checkbox"/> <b>Primaquine (Primaquine)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> B51.0 <input type="checkbox"/> B51.8 <input type="checkbox"/> B51.9 <input type="checkbox"/> Other: _____ <b>ANTIMALARIAL</b> <input type="checkbox"/> <b>Tafenoquine (Arakoda, Krintafel)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> B51.0 <input type="checkbox"/> B51.8 <input type="checkbox"/> B51.9 <input type="checkbox"/> Other: _____	<b>URICOLYTIC AGENT</b> <input type="checkbox"/> <b>Rasburicase (Elitek)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> E79.9 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Pegloticase (Krystexxa)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> M1A.0110 <input type="checkbox"/> M1A.0721 <input type="checkbox"/> M1A.1620 <input type="checkbox"/> M1A.2511 <input type="checkbox"/> M1A.3410 <input type="checkbox"/> M1A.4221 <input type="checkbox"/> M1A.0111 <input type="checkbox"/> M1A.08X0 <input type="checkbox"/> M1A.1621 <input type="checkbox"/> M1A.2520 <input type="checkbox"/> M1A.3411 <input type="checkbox"/> M1A.4310 <input type="checkbox"/> M1A.0120 <input type="checkbox"/> M1A.08X1 <input type="checkbox"/> M1A.1710 <input type="checkbox"/> M1A.2521 <input type="checkbox"/> M1A.3420 <input type="checkbox"/> M1A.4311 <input type="checkbox"/> M1A.0121 <input type="checkbox"/> M1A.09X0 <input type="checkbox"/> M1A.1711 <input type="checkbox"/> M1A.2610 <input type="checkbox"/> M1A.3421 <input type="checkbox"/> M1A.4320 <input type="checkbox"/> M1A.0210 <input type="checkbox"/> M1A.09X1 <input type="checkbox"/> M1A.1720 <input type="checkbox"/> M1A.2611 <input type="checkbox"/> M1A.3510 <input type="checkbox"/> M1A.4321 <input type="checkbox"/> M1A.0211 <input type="checkbox"/> M1A.1110 <input type="checkbox"/> M1A.1721 <input type="checkbox"/> M1A.2620 <input type="checkbox"/> M1A.3511 <input type="checkbox"/> M1A.4410 <input type="checkbox"/> M1A.0220 <input type="checkbox"/> M1A.1111 <input type="checkbox"/> M1A.18X0 <input type="checkbox"/> M1A.2621 <input type="checkbox"/> M1A.3520 <input type="checkbox"/> M1A.4411 <input type="checkbox"/> M1A.0221 <input type="checkbox"/> M1A.1120 <input type="checkbox"/> M1A.18X1 <input type="checkbox"/> M1A.2710 <input type="checkbox"/> M1A.3521 <input type="checkbox"/> M1A.4420 <input type="checkbox"/> M1A.0310 <input type="checkbox"/> M1A.1121 <input type="checkbox"/> M1A.19X0 <input type="checkbox"/> M1A.2711 <input type="checkbox"/> M1A.3610 <input type="checkbox"/> M1A.4421 <input type="checkbox"/> M1A.0311 <input type="checkbox"/> M1A.1210 <input type="checkbox"/> M1A.19X1 <input type="checkbox"/> M1A.2720 <input type="checkbox"/> M1A.3611 <input type="checkbox"/> M1A.4510 <input type="checkbox"/> M1A.0320 <input type="checkbox"/> M1A.1211 <input type="checkbox"/> M1A.2110 <input type="checkbox"/> M1A.2721 <input type="checkbox"/> M1A.3620 <input type="checkbox"/> M1A.4511 <input type="checkbox"/> M1A.0321 <input type="checkbox"/> M1A.1220 <input type="checkbox"/> M1A.2111 <input type="checkbox"/> M1A.28X0 <input type="checkbox"/> M1A.3621 <input type="checkbox"/> M1A.4520 <input type="checkbox"/> M1A.0410 <input type="checkbox"/> M1A.1221 <input type="checkbox"/> M1A.2120 <input type="checkbox"/> M1A.28X1 <input type="checkbox"/> M1A.3710 <input type="checkbox"/> M1A.4521 <input type="checkbox"/> M1A.0411 <input type="checkbox"/> M1A.1310 <input type="checkbox"/> M1A.2121 <input type="checkbox"/> M1A.29X0 <input type="checkbox"/> M1A.3711 <input type="checkbox"/> M1A.4610 <input type="checkbox"/> M1A.0420 <input type="checkbox"/> M1A.1311 <input type="checkbox"/> M1A.2210 <input type="checkbox"/> M1A.29X1 <input type="checkbox"/> M1A.3720 <input type="checkbox"/> M1A.4611  <input type="checkbox"/> M1A.0421 <input type="checkbox"/> M1A.1320 <input type="checkbox"/> M1A.2211 <input type="checkbox"/> M1A.3110 <input type="checkbox"/> M1A.3721 <input type="checkbox"/> M1A.4620  <input type="checkbox"/> M1A.0510 <input type="checkbox"/> M1A.1321 <input type="checkbox"/> M1A.2220 <input type="checkbox"/> M1A.3111 <input type="checkbox"/> M1A.38X0 <input type="checkbox"/> M1A.4621 <input type="checkbox"/> M1A.0511 <input type="checkbox"/> M1A.1410 <input type="checkbox"/> M1A.2221 <input type="checkbox"/> M1A.3120 <input type="checkbox"/> M1A.38X1 <input type="checkbox"/> M1A.4710 <input type="checkbox"/> M1A.0520 <input type="checkbox"/> M1A.1411 <input type="checkbox"/> M1A.2310 <input type="checkbox"/> M1A.3121 <input type="checkbox"/> M1A.39X0 <input type="checkbox"/> M1A.4711 <input type="checkbox"/> M1A.0521 <input type="checkbox"/> M1A.1420 <input type="checkbox"/> M1A.2311 <input type="checkbox"/> M1A.3210 <input type="checkbox"/> M1A.39X1 <input type="checkbox"/> M1A.4720 <input type="checkbox"/> M1A.0610 <input type="checkbox"/> M1A.1421 <input type="checkbox"/> M1A.2320 <input type="checkbox"/> M1A.3211 <input type="checkbox"/> M1A.4110 <input type="checkbox"/> M1A.4721 <input type="checkbox"/> M1A.0611 <input type="checkbox"/> M1A.1510 <input type="checkbox"/> M1A.2321 <input type="checkbox"/> M1A.3220 <input type="checkbox"/> M1A.4111 <input type="checkbox"/> M1A.48X0 <input type="checkbox"/> M1A.0620 <input type="checkbox"/> M1A.1511 <input type="checkbox"/> M1A.2410 <input type="checkbox"/> M1A.3221 <input type="checkbox"/> M1A.4120 <input type="checkbox"/> M1A.48X1 <input type="checkbox"/> M1A.0621 <input type="checkbox"/> M1A.1520 <input type="checkbox"/> M1A.2411 <input type="checkbox"/> M1A.3310 <input type="checkbox"/> M1A.4121 <input type="checkbox"/> M1A.49X0 <input type="checkbox"/> M1A.0710 <input type="checkbox"/> M1A.1521 <input type="checkbox"/> M1A.2420 <input type="checkbox"/> M1A.3311 <input type="checkbox"/> M1A.4210 <input type="checkbox"/> M1A.49X1 <input type="checkbox"/> M1A.0711 <input type="checkbox"/> M1A.1610 <input type="checkbox"/> M1A.2421 <input type="checkbox"/> M1A.3320 <input type="checkbox"/> M1A.4211 <input type="checkbox"/> M1A.0720 <input type="checkbox"/> M1A.1611 <input type="checkbox"/> M1A.2510 <input type="checkbox"/> M1A.3321 <input type="checkbox"/> M1A.4220 <input type="checkbox"/> Other: _____	
NUDT15		TPMT	
<b>ANTINEOPLASTIC</b> <input type="checkbox"/> <b>Mercaptopurine (Purixan)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> C91.00 <input type="checkbox"/> C91.01 <input type="checkbox"/> C91.02 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Thioguanine (Tabloid)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> C92.00 <input type="checkbox"/> C92.01 <input type="checkbox"/> C92.02 <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Azathioprine (Azasan)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> M06.89 <input type="checkbox"/> M06.8A <input type="checkbox"/> Z94.0 <input type="checkbox"/> Other: _____	<b>ANTINEOPLASTIC</b> <input type="checkbox"/> <b>Mercaptopurine (Purixan)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> C91.00 <input type="checkbox"/> C91.01 <input type="checkbox"/> C91.02 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Thioguanine (Tabloid)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> C92.00 <input type="checkbox"/> C92.01 <input type="checkbox"/> C92.02 <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Azathioprine (Azasan)</b> <input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> M06.89 <input type="checkbox"/> M06.8A <input type="checkbox"/> Z94.0 <input type="checkbox"/> Other: _____

RNR1		CYP4F2	
<p><b>AMINOGLYCOSIDES</b></p> <p><input type="checkbox"/> <b>Amikacin (Arikayce)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> T36.5X5A</p> <p>Other: _____</p> <p><input type="checkbox"/> <b>Gentamicin</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> T36.5X5A</p> <p>Other: _____</p> <p><input type="checkbox"/> <b>Paromomycin</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> T36.5X5A</p> <p>Other: _____</p>	<p><b>ANTIRETROVIRAL</b></p> <p><input type="checkbox"/> <b>Plazomicin (Zemdri)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> T36.5X5A</p> <p>Other: _____</p> <p><input type="checkbox"/> <b>Streptomycin</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> T36.5X5A</p> <p>Other: _____</p> <p><input type="checkbox"/> <b>Tobramycin</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> T36.5X5A</p> <p>Other: _____</p>	<p><b>ANTICOAGULANT</b></p> <p><input type="checkbox"/> <b>Warfarin (Coumadin)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> I21.9 <input type="checkbox"/> I26.99 <input type="checkbox"/> T82.818S</p> <p><input type="checkbox"/> I22.9 <input type="checkbox"/> I48.11 <input type="checkbox"/> T82.867A</p> <p><input type="checkbox"/> I23.6 <input type="checkbox"/> I48.19 <input type="checkbox"/> T82.867D</p> <p><input type="checkbox"/> I25.2 <input type="checkbox"/> I48.20 <input type="checkbox"/> T82.867S</p> <p><input type="checkbox"/> I26.02 <input type="checkbox"/> I48.21 <input type="checkbox"/> T82.868A</p> <p><input type="checkbox"/> I26.03 <input type="checkbox"/> I51.3 <input type="checkbox"/> T82.868D</p> <p><input type="checkbox"/> I26.04 <input type="checkbox"/> I82.890 <input type="checkbox"/> T82.868S</p> <p><input type="checkbox"/> I26.09 <input type="checkbox"/> I82.891 <input type="checkbox"/> Z79.01</p> <p><input type="checkbox"/> I26.92 <input type="checkbox"/> T82.817A <input type="checkbox"/> Z86.711</p> <p><input type="checkbox"/> I26.93 <input type="checkbox"/> T82.817D <input type="checkbox"/> Z86.718</p> <p><input type="checkbox"/> I26.94 <input type="checkbox"/> T82.817S <input type="checkbox"/> Z86.79</p> <p><input type="checkbox"/> I26.95 <input type="checkbox"/> T82.818A <input type="checkbox"/> Z95.2</p> <p><input type="checkbox"/> I26.96 <input type="checkbox"/> T82.818D <input type="checkbox"/> Z95.4</p> <p>Other: _____</p>	
BCHE		NAT2	
<p><b>NEUROMUSCULAR BLOCKING AGENT</b></p> <p><input type="checkbox"/> <b>Mivacurium (Mivacurium chloride)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> T41.1X5A <input type="checkbox"/> T41.1X5S <input type="checkbox"/> T41.1X6D</p> <p><input type="checkbox"/> T41.1X5D <input type="checkbox"/> T41.1X6A <input type="checkbox"/> T41.1X6S</p> <p>Other: _____</p>	<p><input type="checkbox"/> <b>Succinylcholine (Anectine)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> T41.1X5A <input type="checkbox"/> T41.1X5S <input type="checkbox"/> T41.1X6D</p> <p><input type="checkbox"/> T41.1X5D <input type="checkbox"/> T41.1X6A <input type="checkbox"/> T41.1X6S</p> <p>Other: _____</p>	<p><b>MULTIPLE SCLEROSIS</b></p> <p><input type="checkbox"/> <b>Amifampridine (Firdapse, Ruzurgi)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> G70.80 <input type="checkbox"/> G70.81</p> <p>Other: _____</p> <p><input type="checkbox"/> <b>Amifampridine phosphate</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> G70.80 <input type="checkbox"/> G70.81</p> <p>Other: _____</p> <p><b>ANTITUBERCULAR</b></p> <p><input type="checkbox"/> <b>Isoniazid</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p>Other: _____</p>	<p><input type="checkbox"/> <b>Procainamide (Pronestyl, Procan)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p>Other: _____</p> <p><b>ANTIBACTERIAL</b></p> <p><input type="checkbox"/> <b>Sulfamethoxazole (Sulfatrim)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p>Other: _____</p> <p><input type="checkbox"/> <b>Trimethoprim (Bactrim)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p>Other: _____</p> <p><b>DMARD</b></p> <p><input type="checkbox"/> <b>Sulfasalazine (Azulfidine)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p>Other: _____</p>
SLCO1B1			
<p><b>STATINS</b></p> <p><input type="checkbox"/> <b>Atorvastatin (Lipitor)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> E11.8 <input type="checkbox"/> E78.1 <input type="checkbox"/> Z86.73</p> <p><input type="checkbox"/> E11.9 <input type="checkbox"/> E78.2 <input type="checkbox"/> Z86.79</p> <p><input type="checkbox"/> E78.00 <input type="checkbox"/> E78.49 <input type="checkbox"/> I25.10</p> <p><input type="checkbox"/> E78.01 <input type="checkbox"/> Z86.39</p> <p>Other: _____</p> <p><input type="checkbox"/> <b>Fluvastatin (Lescol)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> E11.8 <input type="checkbox"/> E78.1 <input type="checkbox"/> Z86.73</p> <p><input type="checkbox"/> E11.9 <input type="checkbox"/> E78.2 <input type="checkbox"/> Z86.79</p> <p><input type="checkbox"/> E78.00 <input type="checkbox"/> E78.49 <input type="checkbox"/> I25.10</p> <p><input type="checkbox"/> E78.01 <input type="checkbox"/> Z86.39</p> <p>Other: _____</p>	<p><input type="checkbox"/> <b>Lovastatin (Mevacor, Altoprev)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> E11.8 <input type="checkbox"/> E78.1 <input type="checkbox"/> Z86.73</p> <p><input type="checkbox"/> E11.9 <input type="checkbox"/> E78.2 <input type="checkbox"/> Z86.79</p> <p><input type="checkbox"/> E78.00 <input type="checkbox"/> E78.49 <input type="checkbox"/> I25.10</p> <p><input type="checkbox"/> E78.01 <input type="checkbox"/> Z86.39</p> <p>Other: _____</p>	<p><input type="checkbox"/> <b>Pitavastatin (Livalo, Zypitamag)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> E11.8 <input type="checkbox"/> E78.1 <input type="checkbox"/> Z86.73</p> <p><input type="checkbox"/> E11.9 <input type="checkbox"/> E78.2 <input type="checkbox"/> Z86.79</p> <p><input type="checkbox"/> E78.00 <input type="checkbox"/> E78.49 <input type="checkbox"/> I25.10</p> <p><input type="checkbox"/> E78.01 <input type="checkbox"/> Z86.39</p> <p>Other: _____</p> <p><input type="checkbox"/> <b>Pravastatin (Pravachol)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> E11.8 <input type="checkbox"/> E78.1 <input type="checkbox"/> Z86.73</p> <p><input type="checkbox"/> E11.9 <input type="checkbox"/> E78.2 <input type="checkbox"/> Z86.79</p> <p><input type="checkbox"/> E78.00 <input type="checkbox"/> E78.49 <input type="checkbox"/> I25.10</p> <p><input type="checkbox"/> E78.01 <input type="checkbox"/> Z86.39</p> <p>Other: _____</p>	<p><input type="checkbox"/> <b>Rosuvastatin (Crestor)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> E11.8 <input type="checkbox"/> E78.1 <input type="checkbox"/> Z86.73</p> <p><input type="checkbox"/> E11.9 <input type="checkbox"/> E78.2 <input type="checkbox"/> Z86.79</p> <p><input type="checkbox"/> E78.00 <input type="checkbox"/> E78.49 <input type="checkbox"/> I25.10</p> <p><input type="checkbox"/> E78.01 <input type="checkbox"/> Z86.39</p> <p>Other: _____</p> <p><input type="checkbox"/> <b>Simvastatin (Zocor)</b></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Considering <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> S</p> <p><input type="checkbox"/> E11.8 <input type="checkbox"/> E78.1 <input type="checkbox"/> Z86.73</p> <p><input type="checkbox"/> E11.9 <input type="checkbox"/> E78.2 <input type="checkbox"/> Z86.79</p> <p><input type="checkbox"/> E78.00 <input type="checkbox"/> E78.49 <input type="checkbox"/> I25.10</p> <p><input type="checkbox"/> E78.01 <input type="checkbox"/> Z86.39</p> <p>Other: _____</p>

**OTHER MEDICATIONS, NOTES, AND DIAGNOSTIC CODES (ICD-10)**

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Medications Attached

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ICD-10 Codes & Notes Attached

**VERSION CONTROL**

Version No: 1.1

Issue Date: 05.27.2025