Tel: 1-888-398-0028 | Fax: 1-855-278-5182

Pirfenidone Prescription Form

Patient Information

Full Name: _____

Date of Birth (DD/MM/YYYY): ____/____/_____

OR affix patient label here

Address: _____ **City:** _____ **Prov.:** _____ **Postal Code:** _____

Home #: _____ **Cell #:** _____ **Email:** _____

Preferred Contact Time: ☐ **Daytime** ☐ **Evening** ☐ **Anytime**

Health Card #: _____ **Allergies:** _____

Insurance Information: ☐ **Public Coverage** ☐ **Private Coverage**

Insurance Company: _____ **Plan Member:** _____ **Relationship:** _____

Carrier #: _____ **Contract/Group #:** _____ **Client/Plan #:** _____

Physician Information

Name: _____ **Specialty:** _____ **License #:** _____

Address: _____ **City:** _____ **Prov.:** _____ **Postal Code:** _____

Phone #: _____ **Fax #:** _____ **Email:** _____

Preferred Contact Method: ☐ **Phone** ☐ **Fax** ☐ **Email**

Prescription Information

Pirfenidone Formulation
☐ Tablets
☐ Capsules

Testing – Please attach report documentation

☐ Forced Vital Capacity - Date of test: ____/____/____
% of predicted: _____

☐ High-resolution CT Scan - Date of test: ____/____/____

☐ Lung Biopsy - Date of test:____/____/____

☐ Baseline Blood Tests - Date of test: ____/____/____

☐ Blood tests ordered and pending

Notes: _____

☐ **Titration Therapy x 4 weeks – Pirfenidone 267 mg dosage form**
Week 1 – Pirfenidone 267 mg three times a day with food
Week 2 – Pirfenidone 534 mg three times a day with food
Week 3 and onwards – Pirfenidone 801 mg three times a day with food

☐ **Maintenance – Pirfenidone 801 mg three times a day with food**
☐ 267 mg dosage form
☐ 801 mg dosage form

Other Instructions: _____

Quantity to Dispense: _____

Repeats: ☐ 12 months
☐ Other: _____

Pharmacy to dispense: _____

Physician Signature: _____ **Date** (DD/MM/YYYY): _____/_____/_____

Prescriber Certification
This prescription represents the original of the prescription drug order.
The pharmacy noted above is the only intended recipient and there are no others.
The original prescription has been invalidated and securely filed, and it will not be transmitted elsewhere at another time.