

Patient Name: _____ DOB: _____

Prior to the initiation of therapy, the patient above named was trialed as follows:

THE FOLLOWING CALCIUM CHANNEL BLOCKER WAS TRIALED:	WITH THE FOLLOWING RESPONSES:
<input type="checkbox"/> Amoldipine (Norvasc)	<input type="checkbox"/> Pressure continued to rise
<input type="checkbox"/> Bepridil (Vascor)	<input type="checkbox"/> Disease continued to progress
<input type="checkbox"/> Diltiazem (Cardiazem)	<input type="checkbox"/> Patient became hypotensive
<input type="checkbox"/> Felodipine (Fendil)	<input type="checkbox"/> Patient allergic
<input type="checkbox"/> Isradipine (Dynacirc)	<input type="checkbox"/> Other
<input type="checkbox"/> Mibefradel (Posicor)	
<input type="checkbox"/> Nicardipine (Cardene)	
<input type="checkbox"/> Nifedipine (Procardial)	
<input type="checkbox"/> Nimodipine (Nimotop)	
<input type="checkbox"/> Niseldipine (Sular)	
<input type="checkbox"/> Verapamil (Calan SR)	
<input type="checkbox"/> Other	
A CALCIUM CHANNEL BLOCKER WAS NOT TRIALED DUE TO:	NOTES:
<input type="checkbox"/> Patient is hemodynamically unstable	
<input type="checkbox"/> Patient did not respond to vasodilator challenge with greater than 20% reduction in mean pulmonary artery pressure	
<input type="checkbox"/> Patient has systemic hypotension	
<input type="checkbox"/> Patient has depressed cardiac output	
<input type="checkbox"/> Other	

Physician Signature: _____ (Dispense as Written) Date _____

PLEASE BE SURE INFORMATION IS COMPLETE THEN FAX TO (877) 305-6745