

Protected B (when completed)

Fax the completed form to Alberta Health CD: 780-415-9609

SECTION 1 – For Completion by Physician

Patient Identifiers

PHN:	Name: Last _____ First _____	Date of Birth: y____ m____ d____
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Ordering Physician

Name: Last _____ First _____	Telephone: _____
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Reason for Request (Jones Criteria)

Initial ARF – 2 major manifestations <i>or</i> 1 major plus 2 minor manifestations	
Recurrent ARF – 2 major manifestations <i>or</i> 1 major plus 2 minor manifestations <i>or</i> 3 minor manifestations	
Major Criteria <input type="checkbox"/> Carditis <input type="checkbox"/> Polyarthritis <input type="checkbox"/> Chorea <input type="checkbox"/> Erythema marginatum <input type="checkbox"/> Subcutaneous nodules	Minor Criteria <input type="checkbox"/> Polyarthralgia <input type="checkbox"/> Elevated acute phase reactants (ESR \geq 60 mm in the first hour and/or CRP \geq 3.0 mg/dl) <input type="checkbox"/> Prolonged PR interval on electrocardiography, after accounting for age variability (unless carditis is a major criterion)

Medication Order

Drug name:	Drug dose, route, frequency:	DIN :
Dispensing Pharmacy Name:	Mailing Address:	Telephone:
		Fax:
Location to be paid (if different from above):	Mailing Address (if different from above):	

Note: Any change in the information above requires supporting documentation.

SECTION 2 – For Completion by Pharmacy

<ul style="list-style-type: none"> ▪ Completed forms must have a fax cover sheet identifying the requesting pharmacy and an appropriate contact. ▪ Alberta Health may request additional documentation, if required. ▪ Please note that approval and processing of payments may take 3 – 4 weeks. 					
Fill date: y____ m____ d____		Invoice #:		Prescription #:	
Drug Cost (\$)	Dispensing Fee (\$)	Mark-up (\$)	Total (\$)	Third Party Paid (\$)	Amount Due (\$)

SECTION 3 – For Alberta Health Use Only

Date of Approval: y____ m____ d____	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Nurse Consultant Signature:
Comments:		

For questions and concerns, please contact the Nurse Consultant, Communicable Disease at Alberta Health:

- Email: health.cd@gov.ab.ca

NOTES:

- **Approved form will be faxed to ordering physician by Alberta Health**
- **Upon approval, medication invoicing and payment information will be faxed to the above identified preferred dispensing pharmacy**