Bremo PHARMACY

Small Pharmacy... Big Hearts
www.BremoRX.com

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For secure email options please visit **BremoRX.com/secure**

Referral for 24-Hour Ambulatory Blood Pressure Monitoring (ABPM)

Patient Name: _____ **Phone Number**: ( ) _____-_____

Provider Name: _____ **Office Number**: ( ) _____-_____

Provider signature: _____

Does the patient have an elevated BP reading without a diagnosis of hypertension?

☐ YES (ICD-10 R03.0) ☐ NO

Please select an Indication for ABPM (*provider only*):

☐ White Coat Hypertension (home BP *normal*, clinic BP *elevated*)
  ☐ Check here if there's evidence of end-organ damage (heart, brain, eyes, kidneys)
☐ Masked Hypertension (home BP *elevated*, clinic BP *normal*)
☐ Sustained Hypertension (home BP and clinic BP *elevated*)
☐ Resistant Hypertension (clinic BP *elevated* despite ≥3 BP medications)
☐ Initial Hypertension Diagnosis but no concern for white coat or masked hypertension
☐ Symptoms of Hypotension while on BP medication(s)

What is your preferred BP goal? ☐ <130/80 mmHg ☐ <140/90 mmHg ☐ Other: _____

Please document the LAST THREE office blood pressures:

	Date:	**Date:**	**Date:**
Blood Pressure			

There will be a **$50 fee** associated with this service starting January 2020. This will be due at the initial visit to the pharmacy.