

Statement of Pulmonary Arterial Hypertension Diagnosis

Patient name _____

Physician name _____

Diagnosis (Please check one - If secondary pulmonary hypertension, identify the underlying cause):

- Primary pulmonary hypertension
- Secondary pulmonary hypertension—Medicare-covered
- Connective tissue disease (Please specify, e.g., scleroderma, lupus)
- Thromboembolic disease of the pulmonary arteries
- HIV infection
- Anorectic drug therapy
- Congenital heart disease—ASD or VSD
- Cirrhosis
- Other _____

Secondary pulmonary hypertension—non-Medicare covered

- Sleep apnea
- Cardiomyopathy
- Congenital heart disease—other than ASD or VSD
- COPD
- Pulmonary fibrosis
- Emphysema
- Interstitial lung disease
- Sarcoidosis of the lung
- Left-sided valvular disease
- Other _____

Physician's signature _____ Date _____

Fax completed form to 800.711.3526

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