



Patient Name: _____

Patient Address: _____

Date: _____

Check appropriate dose
<input type="checkbox"/> Ivabradine 2.5mg (1/2 of the 5mg tablet) orally TWICE daily
<input type="checkbox"/> Ivabradine 5mg ONE tab orally TWICE daily
<input type="checkbox"/> Ivabradine 7.5mg ONE tab orally TWICE daily
Must take with food
Quantity: _____ Repeat _____ Times
Prescriber name: _____
Prescriber signature: _____
CPSID # _____