

SIX SIMPLE STEPS TO SUBMITTING A REFERRAL
1 PATIENT INFORMATION (Complete or include demographic sheet)

Patient Name		Address		City, State, ZIP	
Preferred Contact Methods	Phone (to primary # provided below)	Text (to cell # provided below)	Email (to email provided below)		
Note: Carrier charges may apply. If unable to contact via text or email, Specialty Pharmacy will attempt to contact by phone.					
Primary Phone	Alternate Phone	Date of Birth	Gender	Male	Female
Email	Last Four of SSN		Primary Language		

2 PRESCRIBER INFORMATION

Prescriber's Name		State License Number	
NPI Number	DEA Number	Group or Hospital	
Address		City, State, ZIP	
Phone	Fax	Contact Person	Contact's Phone

3 INSURANCE INFORMATION Please fax copy of prescription and insurance cards with this form, if available (front and back)

4 DIAGNOSIS AND CLINICAL INFORMATION

Needs by Date	Ship to	Patient	Office	Other
Diagnosis (ICD-10):				
M17.0 Bilateral primary OA of knee	M17.10 Unilateral primary OA, unspecified knee			
M17.11 Unilateral primary OA, right knee	M17.12 Unilateral primary OA, left knee			
M17.2 Bilateral post-traumatic OA of knee	M17.30 Unilateral post-traumatic OA, unspecified knee			
M17.31 Unilateral post-traumatic OA, right knee	M17.32 Unilateral post-traumatic OA, left knee			
M17.4 Other bilateral secondary OA of knee	M17.5 Other unilateral secondary OA of knee			
M17.9 OA of knee, unspecified	Other Code:	Description:		
Allergies:	Weight:	lb/kg	Height:	in/cm

5 PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	DOSE & DIRECTIONS	QUANTITY/REFILLS
Durolane	60 mg / 3 mL prefilled syringe	Inject contents of prefilled syringe intra-articularly one time. Patient to use: unilaterally bilaterally	Quantity: Refills:
Euflexxa	20 mg / 2 mL prefilled syringe	Inject contents of prefilled syringe intra-articularly once a week for 3 weeks. Patient to use: unilaterally bilaterally Supplies: Include one 20G 1.5" needle per syringe	Quantity: Refills:
Gel-One	30 mg / 3 mL prefilled syringe	Inject contents of prefilled syringe intra-articularly one time. Patient to use: unilaterally bilaterally Supplies: Include one 20G 1.5" needle per syringe	Quantity: Refills:
Gelsyn-3	16.8 mg / 2 mL prefilled syringe	Inject contents of prefilled syringe intra-articularly once a week for 3 weeks. Patient to use: unilaterally bilaterally Supplies: Include one 20G 1.5" needle per syringe	Quantity: Refills:

Patient is interested in patient support programs

STAMP SIGNATURE NOT ALLOWED

Ancillary supplies and kits provided as needed for administration

6 PHYSICIAN SIGNATURE REQUIRED

PRODUCT SUBSTITUTION PERMITTED	(Date)	DISPENSE AS WRITTEN	(Date)
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Please complete Patient and Prescriber Information

Patient Name:

Patient Date of Birth:

Prescriber Name:

Prescriber Phone:

5 PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	DOSE & DIRECTIONS	QUANTITY/REFILLS
GenVisc 850	25 mg / 3 mL prefilled syringe	Inject contents of prefilled syringe intra-articularly once a week for 5 weeks. Patient to use: unilaterally bilaterally Supplies: Include one 20G 1.5" needle per syringe	Quantity: Refills:
Hyalgan	20 mg / 2 mL prefilled syringe 20 mg/2 mL vial	Inject contents of prefilled syringe intra-articularly once a week for 5 weeks. Patient to use: unilaterally bilaterally Supplies: Include one 20G 1.5" needle per syringe	Quantity: Refills:
Hymovis	24 mg / 3 mL prefilled syringe	Inject contents of prefilled syringe intra-articularly once a week for 2 weeks. Patient to use: unilaterally bilaterally Supplies: Include one 20G 1.5" needle per syringe	Quantity: Refills:
Monovisc	88 mg / 4 mL prefilled syringe	Inject contents of prefilled syringe intra-articularly one time Patient to use: unilaterally bilaterally	Quantity: Refills:
Orthovisc	30 mg / 2 mL prefilled syringe	Inject contents of prefilled syringe intra-articularly once a week for Patient to use: unilaterally bilaterally Supplies: Include one 20G 1.5" needle per syringe	Quantity: Refills:
Supartz FX	25 mg / 2.5 mL prefilled syringe	Inject contents of prefilled syringe intra-articularly once a week for 5 weeks Patient to use: unilaterally bilaterally Supplies: Include one 23G 1.5" needle per syringe	Quantity: Refills:
Synvisc	16 mg / 2 mL prefilled syringe	Inject contents of prefilled syringe intra-articularly once a week for 3 weeks Patient to use: unilaterally bilaterally Supplies: Include one 23G 1.5" needle per syringe	Quantity: Refills:
Synvisc-One	48 mg / 6 mL prefilled syringe	Inject contents of prefilled syringe intra-articularly one time Patient to use: unilaterally bilaterally Supplies: Include one 23G 1.5" needle per syringe	Quantity: Refills:
TriVisc	25 mg / 3 mL prefilled syringe	Inject contents of prefilled syringe intra-articularly one time Patient to use: unilaterally bilaterally Supplies: Include one 23G 1.5" needle per syringe	Quantity: Refills:
Visco-3	25 mg / 2.5 mL prefilled syringe	Inject contents of prefilled syringe intra-articularly once a week for 3 weeks Patient to use: unilaterally bilaterally Supplies: Include one 23G 1.5" needle per syringe	Quantity: Refills:

Patient is interested in patient support programs

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PRODUCT SUBSTITUTION PERMITTED

(Date)

DISPENSE AS WRITTEN

(Date)

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