MORRISTOWN PHARMACY

OSTEOARTHRITIS PRESCRIPTION REFERRAL FORM

95 Madison Ave #110 | Morristown, NJ, 07960

Tel : 973 - 998 - 0287 | Fax : 973 - 998 - 0288

Proudly serving New Jersey, New York, Pennsylvania, Ohio, Massachusetts, Arizona & Rhode Island

Today's Date

☐ NEW PATIENT ☐ CURRENT PATIENT

Last updated: May 2017

Patient Name First Name Middle Name Last Name DOB Weight ☐ Male ☐ Female

Street Address Apt # City State Zip

Daytime Tel Evening Tel Cell Email

Ship to Patient at ☐ Home ☐ Work **OR** Patient will pick up at ☐ Physician Office ☐ Pharmacy Date Needed

ICD-10 Diagnosis Code Description Date of Diagnosis

Patient currently on therapy ☐ Yes ☐ No Date of diagnosis **INSURANCE INFORMATION** Please fax copy of insurance card (front & back)

Prescriber's Name Office Contact

Street Address Suite # City State Zip

Tel Fax Email

License# NPI# UPIN# DEA#

Previous treatments: Yes (specify): Is this retreatment? ☐ Yes ☐ No Date of last treatment:

Is patient currently on other therapy? ☐ Yes ☐ No ***If yes , treatment to date:***

1) Analgesic
2) NSAIDS
3) Injections ☐ Steroid ☐ Hyaluronic acid If yes, how long ago? _____ months
4) Physiotherapy
5) Occupational Therapy
6) Other

Setting of Care: ☐ Physician's Office ☐ Hospital Outpatient

Scheduled date of service:

Knee being treated: Unilateral ☐ Left ☐ Right ☐ Bilateral (Both)

HIP being treated: Unilateral ☐ Left ☐ Right ☐ Bilateral (Both)

Lower Back being treated: ☐ Yes

Please forward a copy of all the clinical documents but not limited to following

1) X-Ray performed Last performed Date 2) Weight reduction exercise Advised on Date

3) Corticosteroid injection was given ? Injection Given Date

PRESCRIPTION

☐ **Euflexxa** ☐ **Forteo** ☐ **Hyalgan** ☐ **Orthovisc**

☐ **Supartz** ☐ **Synvisc** ☐ **Synvisc One** ☐ **Other**

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

Dosage

SIG

QTY **Refills**

☐ **ENROLL IN NURSE TRAINING / MANUFACTURER PROGRAM**

Prescriber's Signature (signature required. NO STAMPS) **Date**

Please fax completed form to **Morristown Pharmacy** at **973 - 998 - 0288**

Visit us at **WWW.MORRISTOWNRX.COM** for online fillable forms.