

**Patient Information**

Patient Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Male  Female   
Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Home \_\_\_\_\_  
Work \_\_\_\_\_ Cell \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Allergies \_\_\_\_\_ NKA   
Weight \_\_\_\_\_ kg  lb   
Emergency Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_  
**Please attach copy of insurance information or  
copy of insurance cards (both sides).**

**Shipping Information**

Patient's Home  Physician's Office  
 Other \_\_\_\_\_  
Date Medication Needed \_\_\_\_\_

**Physician Information**

Physician Name \_\_\_\_\_  
Office Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Physician Signature \_\_\_\_\_  
Date \_\_\_\_\_  
 Dispense as written  Generic substitution permitted

**Diagnosis/Medical Information**

**ICD9 Code:**

- 715.16 Osteoarthritis, localized, primary, lower leg
- 715.26 Osteoarthritis, localized, secondary, lower leg
- 715.36 Osteoarthritis, localized, not specified primary or secondary, lower leg
- 715.90 Osteoarthritis, unspecified generalized or localized site
- 715.96 Osteoarthritis, unspecified generalized or localized, lower leg
- 716.90 Unspecified Arthropathy, site unspecified
- Other (include code) \_\_\_\_\_

Diagnosis Description \_\_\_\_\_  
\_\_\_\_\_

**Please specify leg(s) to be injected**

- Right  Left  Both

**Prescription Information**

**Euflexxa**<sup>®</sup> (Sodium Hyaluronate) 20mg/2.0ml each  
NDC 55566-4100-01 1 kit (3 syringes/kit)  
Quantity:  3 Syringes  
 6 Syringes (bilateral only)

Refills: \_\_\_\_\_  
Directions: Inject 20mg intra-articularly once weekly

**Hyalgan**<sup>®</sup> (Sodium Hyaluronate) 20mg/2.0ml each  
NDC 08024-0724-20 1 syringe  
Quantity:  3 Syringes  
 5 Syringes  
 6 Syringes (bilateral only)  
 10 Syringes (bilateral only)

Refills: \_\_\_\_\_  
Directions: Inject 20mg intra-articularly once weekly

**Orthovisc**<sup>®</sup> (Hyaluronan) 30mg/2.0ml each  
NDC 59676-0360-01 1 syringe  
Quantity:  3 Syringes  
 4 Syringes  
 6 Syringes (bilateral only)  
 8 Syringes (bilateral only)

Refills: \_\_\_\_\_  
Directions: Inject 30mg intra-articularly once weekly

**Supartz**<sup>®</sup> (Sodium Hyaluronate) 25mg/2.5ml each  
NDC 08363-7761-01 1 syringe or 1 kit (5 syringes/kit)  
Quantity:  3 Syringes  
 5 Syringes  
 6 Syringes (bilateral only)  
 10 Syringes (bilateral only)

Refills: \_\_\_\_\_  
Directions: Inject 25mg intra-articularly once weekly

**Synvisc**<sup>®</sup> (Hylan G-F 20) 16mg/2.0ml each  
NDC 58468-0090-01 1 kit (3 syringes/kit)  
Quantity:  1 Kit  
 2 Kits (bilateral only)

Refills: \_\_\_\_\_  
Directions: Inject 16mg intra-articularly once weekly

**Synvisc-One**<sup>®</sup> (Hylan G-F 20) 48mg/10.0ml each  
NDC 58468-0090-03 1 kit (1 syringe/kit)  
Quantity:  1 Syringe  
 2 Syringes (bilateral only)

Refills: \_\_\_\_\_  
Directions: Inject 48mg intra-articularly once weekly