

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**[®] (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**[®] (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**[®] (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**[®] (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**[®] (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**[®] (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