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 MEDRXINFUSION.COM

Date Medication Needed: _____

Ship to: Patient Prescriber Other: _____

Orthopedics Referral Form
 Viscosupplementation injections

This referral form is provided in order to best serve our patients and prescribers. Patients may choose any pharmacy of their choice.

Complete patient demographics below or otherwise provide the information requested along with this referral form. Also needed: 1) Patient insurance information (front and back of card) 2) History and physical, chart notes, laboratory results and other diagnostic tests needed to support the use of this medication 3) patient's medication history related to their current diagnosis/problem.

Patient name: _____ Date of birth: _____ height: _____ weight: _____

Address: _____ Allergies/Intolerances: _____

Phone number(s): _____ No known allergies: _____

Treatment Diagnosis/Problem(s): _____ Failed therapies and reasons: _____

Prescriber name: _____ Contact person: _____

Office Address: _____

Phone number: _____ Fax number: _____ NPI number: _____

Prescription Information

Injections will be administered in the physician's office

- Hyalgan (hyaluronate) 2ml pfs Inject 2 ml into _____ knee(s) once weekly for ___ doses Dispense _____ syringes(s)
- Euflexxa (hyaluronate) 2ml pfs Inject 2 ml into _____ knee(s) once weekly for ___ doses Dispense 3 6 syringes(s)
- Gel-One (Cross-linked Hyaluronate) 3ml pfs Inject 3 ml into _____ knee(s) once Dispense _____ syringe(s)
- Orthovisc (hyaluronan) 2 ml pfs Inject 2 ml into _____ knee(s) once weekly for ___ doses Dispense _____ syringe(s)
- Synvisc (hylan G-F 20) 2ml pfs Inject 2 ml into _____ knee(s) once weekly for 3 injections Dispense 3 6 syringes
- Synvisc-One (hylan G-F 20) 6ml pfs Inject 6 ml into _____ knee(s) once Dispense 1 2 syringe(s)
- Supartz (hyaluronate) 2.5ml pfs Inject 2.5 ml into _____ knee(s) once weekly for ___ doses Dispense _____ syringe(s)

Physicians Signature: _____ Date: _____

IMPORTANT NOTICE: This form may contain confidential and privileged information and is only intended only for the person named herein. If you are not the named addressee, do not disseminate, distribute or copy this form or any of its contents. Please notify the sender immediately if you have received this document by mistake, then destroy this form.