

Low Molecular Weight Heparin (LMWH)

REFERRAL FORM

Phone: 818-390-9696 Toll-free: 855-265-7850 • Fax: 818-804-3492 Toll-free fax: 855-450-6717 • info@MedicoRX.com

Patient information		Prescriber information	
Name:	DOB:	Prescriber's Name:	
Address: City, State, Zip		NPI#	
		DEA#	License#
Phone #	Alt#	Address City, State, Zip	
SSN:			
Height:	Wt:	Phone #	Fax #
Allergies:			
Emergency Contact/ Phone #		Contact Person:	

Clinical Consideration

Diagnosis (ICD 10) :

- I82.401 Acute embolism and thrombosis of unspecified deep veins of right lower extremity
- I82.402 Acute embolism and thrombosis of unspecified deep veins of left lower extremity
- I82.403 Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral
- I82.409 Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity
- I82.491 Acute embolism and thrombosis of other specified deep vein of right lower extremity
- I82.492 Acute embolism and thrombosis of other specified deep vein of left lower extremity
- I82.493 Acute embolism and thrombosis of other specified deep vein of lower extremity, bilateral
- I82.499 Acute embolism and thrombosis of other specified deep vein of unspecified lower extremity
- I82.4Y1 Acute embolism and thrombosis of unspecified deep veins of right proximal lower extremity
- I82.4Y2 Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity
- I82.4Y3 Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral
- I82.4Y9 Acute embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity
- I82.4Z1 Acute embolism and thrombosis of unspecified deep veins of right distal lower extremity
- I82.4Z2 Acute embolism and thrombosis of unspecified deep veins of left distal lower extremity
- I82.4Z3 Acute embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral
- I82.4Z9 Acute embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity
- I82.501 Chronic embolism and thrombosis of unspecified deep veins of right lower extremity
- I82.502 Chronic embolism and thrombosis of unspecified deep veins of left lower extremity
- I82.503 Chronic embolism and thrombosis of unspecified deep veins of lower extremity, bilateral
- I82.509 Chronic embolism and thrombosis of unspecified deep veins of unspecified lower extremity
- I82.591 Chronic embolism and thrombosis of other specified deep vein of right lower extremity
- I82.592 Chronic embolism and thrombosis of other specified deep vein of left lower extremity
- I82.593 Chronic embolism and thrombosis of other specified deep vein of lower extremity, bilateral
- I82.599 Chronic embolism and thrombosis of other specified deep vein of unspecified lower extremity
- I82.5Y1 Chronic embolism and thrombosis of unspecified deep veins of right proximal lower extremity
- I82.5Y2 Chronic embolism and thrombosis of unspecified deep veins of left proximal lower extremity

- I82.5Y3 Chronic embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral
- I82.5Y9 Chronic embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity
- I82.5Z1 Chronic embolism and thrombosis of unspecified deep veins of right distal lower extremity
- I82.5Z2 Chronic embolism and thrombosis of unspecified deep veins of left distal lower extremity
- I82.5Z3 Chronic embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral
- I82.5Z9 Chronic embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity
- I82.621 Acute embolism and thrombosis of deep veins of right upper extremity
- I82.622 Acute embolism and thrombosis of deep veins of left upper extremity
- I82.623 Acute embolism and thrombosis of deep veins of upper extremity, bilateral
- I82.629 Acute embolism and thrombosis of deep veins of unspecified upper extremity
- I82.721 Chronic embolism and thrombosis of deep veins of right upper extremity
- I82.722 Chronic embolism and thrombosis of deep veins of left upper extremity
- I82.723 Chronic embolism and thrombosis of deep veins of upper extremity, bilateral
- I82.729 Chronic embolism and thrombosis of deep veins of unspecified upper extremity

Other (please specify) _____

Medication	Dose/Strength	Quantity	Refills
<input type="checkbox"/> Lovenox® (Enoxaprin)	<input type="checkbox"/> 30 mg/0.3 ml <input type="checkbox"/> 40 mg/0.4 ml <input type="checkbox"/> 60 mg/0.6 ml <input type="checkbox"/> 80 mg/0.8 ml <input type="checkbox"/> 100 mg/1 ml <input type="checkbox"/> 120 mg/0.8 ml <input type="checkbox"/> 150 mg/1 ml		
<input type="checkbox"/> Arixtra® (Fondaparinux)	<input type="checkbox"/> 2.5 mg/0.5 ml <input type="checkbox"/> 5 mg/0.4 ml <input type="checkbox"/> 7.5 mg/0.6 ml <input type="checkbox"/> 10 mg/0.8 ml		
<input type="checkbox"/> Fragmin® (Daltaparin)	<input type="checkbox"/> 2,500 IU/0.2 ml <input type="checkbox"/> 5,000 IU/0.2 ml <input type="checkbox"/> 7,500 IU/0.3 ml		

By signing this form I authorize MedicoRX and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so release clinical information via phone to the appropriate third party payer.

Prescriber's signature (no stamps) if brand required check this DAW____

Date