MedicoRx Specialty
& HOME INFUSION PHARMACY

Osteoarthritis
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 Assessment: Please fax recent clinical notes, labs and tests to expedite the Prior Authorization Process

ICD-10 Codes: ☐ M19.0 Primary osteoarthritis of other joints Other ICD-10 Code (s): ____(please specify)

Drug Name	Dose/Strength	Directions	Quantity	Refills
☐ **Euflexxa®**	☐ 20mg/2ml prefilled syringe	☐ Inject contents of prefilled syringe intra-articularly once a week for 3 weeks ☐ Other		
☐ **Gel-One®**	☐ 30mg/3ml prefilled syringe	☐ Inject contents of prefilled syringe intra-articularly one time ☐ Other	1	
☐ **Hyalgan®**	☐ 20mg/2ml prefilled syringe ☐	☐ Inject contents of prefilled syringe/vial intra-articularly ones a week for _____ weeks ☐ Other		
☐ **Orthovisc®**	☐ 30mg/2ml prefilled syringe ☐ Other	☐ Inject contents of prefilled syringe/vial intra-articularly once a week for _____ weeks ☐ Other		
☐ **Supartz®**	☐ 25mg/2.5 ml prefilled syringe ☐ Other	☐ Inject contents of prefilled syringe/vial intra-articularly once a week for ______ weeks ☐ Other		
☐ **Synvisc One®**	48 mg/6ml prefilled syringe	☐ Inject contents of prefilled syringe intra-articularly one time ☐ Other	1	
☐ **Synvisc®**	☐ 16mg/2ml prefilled syringe	☐ Inject contents of prefilled syringe intra-articularly once a week for 3 weeks ☐ Other		

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**