sage infusion

QUTENZA *(capsaicin)* Order Form

intake@sageinfusion.com | www.sageinfusion.com/SubmitOrder

PATIENT INFORMATION

Patient Name: _____ **DOB**: _____ **Gender:** ☐ M ☐ F

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Phone: _____ **Email:** _____ **Ht:** _____ **Wt:** _____

Please Attach: ☐ Insurance cards ☐ History & Physical ☐ Most recent labs ☐ Medication list

☐ **NKDA** ☐ **Allergies:** _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____

Provider NPI: _____ **Phone:** _____ **Fax:** _____

Practice Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

REQUIRED INFORMATION

Documentation:

☐ Recent clinical and/or office visit notes supporting primary diagnosis

MEDICATION ORDERS

ICD-10 Diagnosis Codes: Diabetic peripheral neuropathy: ☐ E08.40 ☐ E08.42 ☐ E09.42 ☐ E10.42 ☐ E11.40 ☐ E11.42 ☐ E13.40 ☐ E13.42
Postherpetic neuralgia: ☐ B02.23 ☐ B02.29

☐ **New to Therapy** ☐ **Continuation of Therapy:** Date of last dose (if applicable): _____

DOSING/FREQUENCY:

☑ Every 3 months

☐ Topical System (1 patch - 280 cm^2 billing units)
☐ Topical System (2 patches - 560 cm^2 billing units)
☐ Topical System (3 patches - 840 cm^2 billing units)
☐ Topical System (4 patches -1120 cm^2 billing units)

Location of patch and application time

☐ Left Foot (Dx: Diabetic Peripheral Neuropathy: 30 minute application)
☐ Right Foot (Dx: Diabetic Peripheral Neuropathy: 30 minute application)
☐ Right Side (Dx Post Herpetic Neuralgia : 60 minute application)
☐ Left Side (Dx Post Herpetic Neuralgia : 60 minute application)

☐ **Refills:** _____ *if not indicated prescription will expire one year from date signed)*

Please select all tried and failed drugs

Anticonvulsants
☐ Gabapaentin
☐ Pregabalin

Antidepressants (SNRI)
☐ Duloxetine
☐ Venlafaxine

Antidepressants (SSRI)
☐ Paroxetine
☐ Fluoxetine
☐ Other (specify)_____

Antidepressants (Tricyclic)
☐ Amitriptyline
☐ Amoxapine
☐ Clomipramine
☐ Desipramine
☐ Doxepin
☐ Imipramine
☐ Nortriptyline
☐ Protriptyline
☐ Trimipramine

Topical Analgesic (OTC or Rx)
Product containing Capsaicin ☐Cream ☐Patches
Product containing Lidocaine ☐Cream ☐Patches

Oral Analgesic : Opioids (specify)_____

Sage Infusion Standing Orders:

☑ Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

_____ _____ _____
Provider Name Provider Signature Date

Fax Number

☐ **Brandon: (656) 218-9643**
☐ **Clearwater: (727) 977-9717**
☐ **Fort Myers: (239) 533-5962**
☐ **Gainesville: (352) 450-8886**
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