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Fax: 561-353-1293**

**765 Morris Park Ave
Bronx, NY 10462
Phone: 718-823-6378
Fax: 718-823-6451**

Osteoarthritis Prescription Order Form

Today's Date: _____

Date Medication Needed: _____

Patient Information

Last Name: _____ First Name: _____ Male Female

Date of Birth: _____ Social Security: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Diagnosis/ICD-9 Code: _____ Height / Weight / Allergies: _____

Insurance: _____ ID #: _____

*****Please fax copy of insurance card*****

Medical Criteria

1. Has the patient tried and failed treatment with an oral/topical NSAID, COX2 inhibitors, acetaminophen? Yes No
2. Has the patient failed to respond adequately to non-drug therapy (exercise program and strength training, and/or physical therapy, counseling regarding weight management if appropriate)? Yes No
3. List Tried & Failed: _____ Attached: Clinical Notes



Prescription

Medication	Directions:	Quantity	Refills
Euflexxa 20mg/2ml	Inject 2ml intra-articularly into affected knee(s) at weekly intervals for 3 weeks Bilateral knees Left Knee Right Knee		
Gel-One 30mg/3ml	Inject 3ml intra-articularly into affected knee(s) one time Bilateral knees Left Knee Right Knee		
Hyalgan 20mg/2ml	Inject 2ml intra-articularly into affected knee(s) at weekly intervals for 3 weeks Bilateral knees Left Knee Right Knee		
Hyalgan 20mg/2ml	Inject 2ml intra-articularly into affected knee(s) at weekly intervals for 5 weeks Bilateral knees Left Knee Right Knee		
Orthovisc 30mg/2ml	Inject 2ml intra-articularly into affected knee(s) at weekly intervals for 3 weeks Bilateral knees Left Knee Right Knee		
Orthovisc 30mg/2ml	Inject 2ml intra-articularly into affected knee(s) at weekly intervals for 4 weeks Bilateral knees Left Knee Right Knee		
Supartz FX 25mg/2.5ml	Inject 2.5ml intra-articularly into affected knee(s) at weekly intervals for 5 weeks Bilateral knees Left Knee Right Knee		
Synvisc One 48mg/6ml	Inject 6ml intra-articularly into affected knee(s) one time Bilateral knees Left Knee Right Knee		
Synvisc 16mg/2ml	Inject 2ml intra-articularly into affected knee(s) at weekly intervals for 3 weeks Bilateral knees Left Knee Right Knee		
Hymovis 24mg/3ml	Inject 3ml intra-articularly into affected knee(s) on Day 0 and second injection on day 7 Bilateral knees Left Knee Right Knee		
Other:			

MD Signature (Required): _____ Date: _____

MD Name (Printed): _____ NPI: _____ DEA: _____

Phone: _____ Fax: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____