

Date Required: _____ Ship To: Patient MD Office Other: _____

PATIENT INFORMATION

Patient Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Cell Phone: _____
 Date of Birth: _____ Male Female
 Emergency Contact: _____ Phone: _____

PRESCRIBER INFORMATION

Prescriber Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 DEA #: _____ NPI #: _____
 Contact Person: _____

INSURANCE INFORMATION (Please attach the front and back of insurance and prescription drug card.)

Primary Insurance: _____ ID: _____ Group: _____
 Secondary Insurance: _____ ID: _____ Group: _____
 Prescription Card: _____ ID: _____ BIN: _____ PCN: _____

To better serve your patient and facilitate insurance authorization, please complete the pertinent sections:

PATIENT DIAGNOSIS/CLINICAL INFORMATION

F10.20 Alcohol dependence, uncomplicated
 F10.21 Alcohol dependence, in remission
 F11.20 Opioid dependence, uncomplicated
 F11.21 Opioid dependence, in remission
 F19.20 Other psychoactive substance dependence, uncomplicated
 Other: _____

Prior Medication Failed: _____
 Length of Treatment: _____
 Reason for Discontinuation: _____

Current Medications: _____

Weight: _____ kg lbs Height: _____ cm in %BSA: _____
 Allergies: _____ NKDA
 Injection Training/Home Health RN visit is necessary. Yes No
 Site of Care: Home MD Office Other: _____
 Prior meds failed: Naltrexone Other: _____

Is patient currently receiving opioid analgesics? Yes No
 Is patient currently opioid dependent? Yes No
 Is patient in opioid withdrawal? Yes No
 Does patient have liver disease? Yes No
 Is the patient : Inpatient Outpatient
 Has the patient had a negative drug screen? Yes No Date: _____
 Documentation that the client is receiving Counseling Yes No
 and/or Treatment Yes No

PRESCRIPTION INFORMATION

Medication	Dose/Strength	Instructions	Quantity	Refills
Vivitrol™	<input type="checkbox"/> 380mg	<input type="checkbox"/> Inject 380mg intramuscularly every 4 weeks (Qty 1)		
Other:				

ADDITIONAL COMMENTS

Prescriber Signature: _____ **Date:** _____

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