

Opioid Induced Constipation

437 Fernando Court • Glendale, CA 91204 • MAIN: 818.309.2884 • FAX: 818.309.1704 • www.deltadrugs.com

PATIENT INFORMATION						
Patient Name:			Patient SSN#:			
Address:		Address. City	/, State, Zip Code			
Phone #:	2 nd Phone #:			Gender: 🛛 Male 🗳 Female		
Weight (lbs):	Height (in.):	Allergies: _				
Primary Insurance:			_Secondary Insurance:			
ID#:	Phone #:		ID#:	Phone #:		
FAX COPY OF INSURANCE CARD (FRONT & BACK)						

CLINICAL INFORMATION						
ICD-10 Diagnosis K59.09 Opioid-Induced Constipation	Prior Medicatio	n History Fleet enema	Docusate	Sennakot	🗅 Metamucil 🛛 Fiber	
Comorbidities:	Bisacodyl		Linzess	🗅 Amitiza	Miralax	
Medication Reconciliation:	Failed due to: Failed to treat constipation Nausea Vomiting Severe diarrhea Severe gas Gastric reflux FAX COPY OF ALL RELATED CLINICAL/LAB INFO					

MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
🗅 AMITIZA	24 mcg (capsules)8 mcg (capsules)	Take 1 capsule by mouth twice daily	60 capsules	
LINZESS®	 290 mcg (capsules) 145 mcg (capsules) 	Take 1 capsule by mouth once daily	30 capsules	
D MOVANTIK®	□ 12.5 mg □ 25 mg	Take 1 tablet by mouth once daily	3 0	
□ RELISTOR®	□ 8 mg □ 12 mg	Inject SQ once daily	□ 1 box	
TRULANCE®	□ 3 mcg	Take 1 capsule by mouth daily	3 0	
Injection Training Provided By: 🛯 Physician's Office 🕒 Delta Drugs 📔 Ship to: 🖵 Physician's Office 🖵 Patient's Home 📔 🗖 Dispense As Written				

PHYSICIAN INFORMATION				
Physician Name:	Contact:	NPI#:		
Address:	Address, City, State, Zip Co	de		
Phone #:	Fax#:	Email:		
	ITS DEDDESENTATIVES TO ACT AS AN AGENT TO INITIA	Date: Date:		

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