DELTADRUGS

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 #: _____ 2nd Phone #: _____ Date of Birth: _____ 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

Comorbidities:

_____

Medication Reconciliation:

_____

Prior Medication History
❑ Lactulose ❑ Fleet enema ❑ Docusate ❑ Sennakot ❑ Metamucil ❑ Fiber
❑ Bisacodyl ❑ MOM ❑ Linzess ❑ Amitiza ❑ Miralax

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	
❑ MOVANTIK®	❑ 12.5 mg ❑ 25 mg	❑ Take 1 tablet by mouth once daily	❑ 30	
❑ RELISTOR®	❑ 8 mg ❑ 12 mg	❑ Inject SQ once daily	❑ 1 box	
❑ TRULANCE®	❑ 3 mcg	❑ Take 1 capsule by mouth daily	❑ 30	

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 Code

Phone #: _____ Fax#: _____ Email: _____

Physician's Signature: _____ Date: _____

I AUTHORIZE DELTA DRUGS AND ITS REPRESENTATIVES TO ACT AS AN AGENT TO INITIATE AND EXECUTE THE INSURANCE PRIOR AUTHORIZATION PROCESS.