

Osteoarthritis

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

PATIENT INFORMATION				CLINICAL INFORMATION				
Patient Name:			ICD-10 Diagnosis ☐ M17.0 Bilateral primary osteoarthritis of knee ☐ M17.10 Unilateral primary osteoarthritis, unspecified knee ☐ M17.11 Unilateral primary osteoarthritis, right knee ☐ M17.12 Unilateral primary osteoarthritis, left knee ☐ M17.2 Bilateral post-traumatic osteoarthritis of knee					
City, State, Zip Code Phone #: Secondary Phone #:				☐ M17.30 Unilateral post-traumatic osteoarthritis, unspecified knee				
				☐ M17.31 Unilateral post-traumatic osteoarthritis, right knee☐ M17.32 Unilateral post-traumatic osteoarthritis, left knee				
Patient SSN#:				☐ M17.4 Other bilateral secondary osteoarthritis of knee☐ M17.5 Other unilateral secondary osteoarthritis of knee				
Date of Birth: Gender: ☐ Male ☐ Female				☐ M17.9 Osteoarthritis of knee, unspecified☐ M79.1 Acute, Painful Musculoskeletal Condition				
Allergies:				Date of diagnosis:Years w/ disease:				
Primary Insurance:				Therapy start date: Therapy stop date:				
ID#: Phone #:				Previous use of NSAIDs: ☐ Meloxicam ☐ Ibuprofen ☐ Naproxen ☐ Diclofenac				
Secondary Insurance:				Failed due to: □ Ulcer of stomach □ Irritation of stomach				
				Previous use of intra-articular corticosteroids: □ Triamcinolone Failed due to: □ Pain at injection site □ Failure to treat				
ID#:Phone #:				Previous use of topical pain medications:				
Ship to: ☐ Patient ☐ Clinic Rx: ☐ New ☐ Refill				☐ Diclofenac 1% Gel ☐ Voltaren gel Failed due to: ☐ Irritation ☐ Failure to treat				
FAX	X COPY OF INSURA	NCE CARD (FRONT & BACK)				CLINICAL/LAB INFO)	
		MEDICAL REC	ONCILIAT	ION				
1		3			5			
				6				
۷		4			0			
		INJECTABLES IN	ITRA-ARTI	FRIAI				
MEDICATION	STRENGTH	DIRECTIONS	11107 71101	FREQ.	INJECTION SITE	QTY	REFILLS	
□ ORTHOVISC®	30mg (2mL)	Inject 30mg once weekly. To be administere intra-articularly by physicians		Knee	3 weeks 4 weeks			
□ MONOVISC®	88mg (4mL)	☐ Inject 140 mg intra-articularly every 2 we☐ Inject 420 mg intra-articularly every 4 we		Knee	1 injection			
☐ SYNVISC®	16mg (2mL)	☐ Inject intra-articular once a week (total of 3☐ Other:		Knee	☐ 3 weeks ☐ 4 weeks ☐			
☐ SYNVISC-ONE®	48mg (3 doses)	□ Administer as a single intra-articular injec □ Other:						
□ EUFLEXXA®								
☐ HYALGAN®								
□ SUPARTZ®								
Contraindications: knee jo	oint infections, infect	ions, or skin diseases at site of injection, hypersensitivit TOPICAL FLARE-			teins (Monovisc, Orth	ovisc); systemic bleedi	ng alsoraers (Monovisc)	
☐ PENNSAID®	2%	Apply 2 pumps (40 grams) twice a day	OI TIKEVE	ITTION		1 bottle		
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	270	ORAL FLARE-UI	P PREVEN	TION		1 201110		
□ DUEXIS®	800/26.6mg	Take one tablet by mouth three times a day				90		
	375/20mg	Take one tablet by mouth two times a day				60		
□ VIMOVO®	500/20mg	Take one tablet by mouth two times a day				60		
		PHYSICIAN IN	IFORMATI	ON				
Physician Namo:		Contact:			NIDI#-			
					(NF1#			
		Address, City, S						
Phone #:		Fax#:		[Email:			
		NID ITS DEPOSSENTATIVES TO ACT AS AN ACSIVE						