

Boca Raton
9980 Central Park Blvd
Suite 202, N
Boca Raton, FL 33428



ORDER FORM RADICAVA[®]

Date: _____

| PATIENT INFORMATION | |
|---------------------|-------------------|
| Name: | DOB: SEX: M F |
| Allergies: | Date of Referral: |

| PHYSICIAN INFORMATION | |
|-----------------------|----------------------|
| Physician Name*: | Practice Name: |
| Address: | Office Contact*: |
| Phone: Fax: | Email (for updates): |

| REFERRAL STATUS | |
|---|--|
| <input type="checkbox"/> New Referral <input type="checkbox"/> Referral Renewal <input type="checkbox"/> Medication/Order Change <input type="checkbox"/> Benefits Verification Only <input type="checkbox"/> Discontinuation Order | |

RADICAVA*:

(SELECT ONE OF THE FOLLOWING)

- ___ Dosing: 2 patches of 8% capsaicin (640 mcg per cm²) every 3 months
- ___ Dosing: 3 patches of 8% capsaicin (640 mcg per cm²) every 3 months
- ___ Dosing: 4 patches of 8% capsaicin (640 mcg per cm²) every 3 months

Physician Signature _____ Date (Order is Valid for One Year) _____

| REQUIRED DIAGNOSIS: |
|---|
| ___ Neuropathic pain associated with postherpetic neuralgia (PHN) |
| ___ Neuropathic pain associated with diabetic peripheral neuropathy (DPN) |
| ___ Other _____ |
| Last Infusion/Injection Date: _____ |

| REQUIRED DOCUMENTATION CHECKLIST: |
|---|
| ___ Patient Demographics |
| ___ Insurance Card/Information |
| ___ Clinical/Progress Notes supporting DX |
| ___ Current Medication List and H&P |
| ___ Capsaicin 8% Topical System Procedure Notes |

STANDING LAB ORDERS (to be drawn at clinic): ___ CMP ___ CBC *Frequency _____

| NOTES/ADDITIONAL COMMENTS: |
|----------------------------|
| |

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____