

# VIVITROL INJECTION ORDERS

## \*\*REQUIRED INFORMATION\*\*

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis

Patient Name:	DOB:
Allergies:	Patient Phone:

## J Code: J2315

### Diagnosis:

- Alcohol Dependency (ICD-10: \_\_\_\_\_)
- Opioid Dependency (ICD-10: \_\_\_\_\_)
- Other: \_\_\_\_\_ (ICD-10: \_\_\_\_\_)

<b>Vivitrol Orders</b>
<input type="checkbox"/> Vivitrol Dose 380mg IM, given once every month
<input type="checkbox"/> Number of Doses: _____

Additional instructions/Other orders:
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Physician Name:	Phone:	Fax:
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Physician Signature:	Date
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