



6111 Burnet Rd.  
Austin, TX 78757  
Phone: 512.454.9923  
Fax: 512.454.9866

### VIVITROL INJECTION ORDERS

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

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

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

**Diagnosis:**  Alcohol Dependency (\_\_\_\_\_)

Opioid Dependency (\_\_\_\_\_)

Other: \_\_\_\_\_ ICD-10: \_\_\_\_\_

**J Code: J2315**

### VIVITROL ORDERS

**Vivitrol Dose**  380mg IM, given once every month

**Number of Doses:** \_\_\_\_\_ or  12 months

**Other Orders:**

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	