



PATIENT INFORMATION

Demographics attached

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION /MEDICAL CARD(S), FRONT AND BACK**

MEDICAL INFORMATION

J Code: J2315      Diagnosis:  Alcohol Dependency      IDC-10 Code: \_\_\_\_\_  
 Opioid Dependency      ICD-10 Code: \_\_\_\_\_  
 Other: \_\_\_\_\_      ICD-10: \_\_\_\_\_

Patient Weight: \_\_\_\_\_ lbs.

Allergies: \_\_\_\_\_

Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

**Labs:** Required labs to be drawn by:  Infusion Clinic     Referring Physician

**Lab Orders:** \_\_\_\_\_

VIVITROL ORDERS

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

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

OTHER ORDERS

PHYSICIAN INFORMATION

*By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.*

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

INFUSION CENTER LOCATIONS

**Phone: 877-365-5566**  
**Fax: 855-889-2946**

**Texas**

Arlington     Austin     Dallas     Houston     North Hills  
 Plano     Round Rock     San Antonio     Stone Oak

**Tennessee**

Knoxville

**Georgia**

Atlanta