vitalcare® INFUSION SERVICES of SIOUX FALLS

1020 S Cliff Ave., Sioux Falls, SD 57104
P / 605-220-7824 · F / 605-220-7980
www.vitalcaresiouxfalls.com

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:**

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:

Physician Name:	**Phone:**	**Fax:**
****Physician Signature:**	**Date:**	