



## Vivitrol (Naltrexone ER) Orders

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### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: ☐ M ☐ F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Please Attach: ☐ Insurance cards ☐ History & Physical ☐ Most recent labs ☐ Medication list

☐ NKDA ☐ Allergies: \_\_\_\_\_

### PRESCRIBER INFORMATION

Ordering Provider Name: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### REQUIRED INFORMATION

☒ Lab work: Recent CMP or LFT's, if available

☒ Documentation: Clinical / Progress notes supporting primary diagnosis

### MEDICATION ORDERS

ICD-10 Diagnosis Codes: ☐ F10.20 Alcohol dependence, uncomplicated

☐ F11.20 Opioid dependence, uncomplicated

☐ Other: \_\_\_\_\_

☐ New to Therapy ☐ Continuation of Therapy: Date of last dose (if applicable): \_\_\_\_\_

### DOSING/FREQUENCY:

☒ 380mg delivered as intramuscular injection every 4 weeks

☐ Other: \_\_\_\_\_ ☐ Refills: \_\_\_\_\_

### Sage Elevate Standing Orders:

☒ Provide treatment under Sage Elevate's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date

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