

#### 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

##### Documentation:

- ☐ Recent clinical and/or office visit notes supporting primary diagnosis  
☐ Tried and failed prescribed medications (*please list*) \_\_\_\_\_

**Has the patient's tolerability to oral risperidone been established prior to initiating UZEDY?** ☐ YES ☐ NO

#### UZEDY PRESCRIPTION

##### ICD-10 Diagnosis Codes:

- ☐ **F20.0** Paranoid Schizophrenia  
☐ **F20.3** Undifferentiated Schizophrenia  
☐ **F31.9** Bipolar 1 disorder, unspecified  
☐ **Other:** \_\_\_\_\_

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

##### Dosing/Frequency:

☒ **Uzedy, subcutaneously in abdomen and upper arm**

**Once monthly** : ☐ 50 mg ☐ 75 mg ☐ 100 mg ☐ 125 mg

**Once every 2 months** : ☐ 100 mg ☐ 150 mg ☐ 200 mg ☐ 250 mg

☐ **Refills:** \_\_\_\_\_

##### Sage Elevate Standing Orders:

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

\_\_\_\_\_  
 Provider Name

\_\_\_\_\_  
 Provider Signature

\_\_\_\_\_  
 Date