

Westerville
575 Copeland Mill Road
Suite# 2F
Westerville, Ohio 43081



Lancaster
2405 Columbus Street
Suite# 210
Lancaster, Ohio 43130

ORDER FORM RADICAVA®

Date: _____

PATIENT INFORMATION

| | | | |
|------------|-------------------|--------|---|
| Name: | DOB: | SEX: M | F |
| Allergies: | Date of Referral: | | |

PHYSICIAN INFORMATION

| | |
|------------------|----------------------|
| Physician Name*: | Practice Name: |
| Address: | Office Contact*: |
| Phone: Fax: | Email (for updates): |

REFERRAL STATUS

☐ New Referral ☐ Referral Renewal ☐ Medication/Order Change ☐ Benefits Verification Only ☐ Discontinuation Order

RADICAVA*:

(SELECT ONE OF THE FOLLOWING)

- ____ Dosing: 2 patches of 8% capsaicin (640 mcg per cm²) every 3 months
____ Dosing: 3 patches of 8% capsaicin (640 mcg per cm²) every 3 months
____ Dosing: 4 patches of 8% capsaicin (640 mcg per cm²) every 3 months

Physician Signature _____ Date (Order is Valid for One Year) _____

REQUIRED DIAGNOSIS:

- ____ Neuropathic pain associated with postherpetic neuralgia (PHN)
____ Neuropathic pain associated with diabetic peripheral neuropathy (DPN)
____ Other _____

Last Infusion/Injection Date: _____

REQUIRED DOCUMENTATION CHECKLIST:

- ____ Patient Demographics
____ Insurance Card/Information
____ Clinical/Progress Notes supporting DX
____ Current Medication List and H&P
____ Capsaicin 8% Topical System Procedure Notes

STANDING LAB ORDERS (to be drawn at clinic): ____ CMP ____ CBC *Frequency _____

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____