Osteoarthritis Enrollment Form

Phone: 800-361-1260
Fax: 800-737-4920
Alt fax: 866-361-9936

CORNERSTONE PHARMACY
an affiliate of
14 Madison Ave Valhalla, NY 10595

170 Maple Ave White Plains, NY 10601

PATIENT INFORMATION			
Patient Name			Date of Birth ☐ Male ☐ Female
Address			SS#
City State Zip			Phone (Home) Phone (Alt.)

PHARMACY INSURANCE INFORMATION (PLEASE ATTACH COPY OF PATIENT CARD – FRONT AND BACK)		
Primary Insurance		**Policy Holder**
Policy #	**Group #**	**Phone**

CLINICAL DIAGNOSIS / MEDICAL INFORMATION		
☐ ICD10: M17._____	☐ Right Knee ☐ Left Knee ☐ Bilateral	☐ Other ICD10:

Has the patient tried other therapies for Osteoarthritis? ☐ No ☐ Yes If yes, Please list medication, dates, and reason for discontinuation:

MEDICATION	DATES	RESPONSES

Does patient has PUD, GER, or intolerance to NSAIDs? ☐ No ☐ Yes Has Physical Therapy been tried? ☐ No ☐ Yes

Patient Height: _____inches Patient Weight: _____ lbs **Drug Allergies: _____ or ☐ NKDA**

PRESCRIPTION INFORMATION

Medication	Dose	Instructions and Frequency	Quantity
☐ **Euflexxa®** (sodium hyaluronate)	20mg/2mL	Inject 20 mg per 2 mL (contents of prefilled syringe) INTRA-ARTICULARLY into the knee at weekly intervals for 3 weeks	☐ 3 syringes per knee ☐ Bilateral
☐ **Hyalgan®** (sodium hyaluronate)	20mg/2mL	Inject 20 mg per 2 mL (contents of prefilled syringe) INTRA-ARTICULARLY into the knee once weekly for a total of 5 injections	☐ 5 syringes per knee ☐ Other_____ ☐ Bilateral
☐ **Orthovisc®** (hyaluronic acid)	30mg/3mL	Inject 30 mg per 2 mL (contents of prefilled syringe) INTRA-ARTICULARLY into the knee once weekly for a total of 3 to 4 injections	☐ 3 syringes per knee ☐ 4 syringes per knee ☐ Other_____ ☐ Bilateral
☐ **Supartz®** (sodium hyaluronate)	25mg/2.5mL	Inject 25 mg per 2.5 mL (contents of prefilled syringe) INTRA-ARTICULARLY into the knee once weekly for a total of 5 injections	☐ 5 syringes per knee ☐ Other_____ ☐ Bilateral
☐ **Synvisc®** (hylan G-F 20)	16mg/2mL	Inject 16 mg per 2 mL (contents of prefilled syringe) INTRA-ARTICULARLY into the knee once weekly for a total of 3 injections	☐ 3 syringes per knee ☐ Bilateral
☐ **Synvisc-One®** (hylan G-F 20)	48mg/6mL	Inject 48 mg per 6 mL (contents of prefilled syringe) INTRA-ARTICULARY into the knee	☐ 1 syringe per knee ☐ Bilateral
☐ **Other**			

DELIVERY AND PATIENT EDUCATION INSTRUCTIONS			
☐ Patient's Home	☐ Physician's Office	Date Needed:	Patient needs Education Kit? ☐ yes ☐ no

PHYSICIAN CONTACT INFORMATION AND AUTHORIZATION		
Physician Name	**License #**	**DEA #**
Office Contact	**Phone**	**Fax**
Address	**City/State/Zip**	**NPI #**
Physician's Signature		Date (required)