



Infusion Associates
 3230 Eagle Park NE, Suite 101
 Grand Rapids, MI 49525
 Phone: 616-954-0600 Fax: 616-954-1675

Vivitrol ORDERS

**Please fax a copy of patient's Demographics, Insurance information, Current Lab Results, H&P, and Current Medications*

Date: ____/____/____

Patient Name: _____ **DOB:** ____/____/____

Allergies: _____ **Patient Weight:** _____ lbs / kg **Height:** _____

Type of Addiction:

Alcoholism

Opioid Dependence

Diagnosis :

- Alcohol dependence, uncomplicated F10.20
- Alcohol dependence in remission F10.21
- Opioid dependence, uncomplicated F11.20
- Opioid dependence, in remission F11.21
- Other diagnosis, ICD-10 code _____

MEDICATION:

Vivitrol 380mg IM every four weeks.

Start Date: _____

End Date: _____

Printed Provider's Name: _____

Provider Signature: _____

Office Phone Number: _____ **Office Fax Number:** _____