MPP INFUSION CENTERS
www.mppinfusion.com

Fax Referrals To: (855) 891-2191
Email Referrals To: MPPReferral@mppinfusion.com
Have a Question? (855) 478-1528

QUTENZA® (capsaicin) ORDER FORM

(- Required Fields)*

___ **STAT REQUEST**
(*REASON MUST BE PROVIDED BELOW)

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

PATIENT INFORMATION			
NAME*:		DOB*:	SEX: M F
ADDRESS:		PHONE:	
WEIGHT: LBS KG	HEIGHT:	EMAIL:	
ALLERGIES:			

PHYSICIAN INFORMATION		
PHYSICIAN NAME*:		PRACTICE NAME:
ADDRESS:		OFFICE CONTACT*:
PHONE:	FAX:	EMAIL *(FOR UPDATES)*:

QUTENZA ORDER*:

*(SELECT **ONE** OF THE FOLLOWING)*

ICD-10*: ______________________________

____ 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) ______________________
Infusion will be administered per MPP policy and protocols

REQUIRED DIAGNOSIS:

______ Neuropathic pain associated with postehrpetic neuralgia (PHN)

______ Neuropathic pain associated with diabetic peripheral neuropathy (DPN)

_____ Other___________________________

***STAT REASON:**
(STAT requests will be assessed per MPP policy and protocols)

Last Application 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

NOTES/ADDITIONAL COMMENTS:

Locations:

--------Colorado--------

___ Lakewood

--------Florida---------

___ Jacksonville
___ Kissimmee
___ Port St. Lucie
___ Suncoast
___ Winter Park

-------- Oklahoma-----

___ Tulsa

-----------Texas-----------

___ Arlington
___ Cedar Hill
___ Dallas
___ Denton
___ Ft. Worth
___ Irving
___ Rockwall
___ Southlake
___ Flower Mound
___ Plano
___ Tyler

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