

159 Fountains Blvd. Madison, MS 39110 Phone: 601.859.8200 Fax: 601.859.8201

## **VIVITROL INJECTION ORDERS**

**REQUIRED INFORMATION**		
☐ This signed order form from the provider		
☐ Patient demographics & insurance information		
☐ Clinical/Progress Notes, Labs, Tests supporting primary dia	agnosis	
Patient Name:	DOB:	
Allergies:	Patient Phone:	
Diamonia.   Alaskal Danandana.		
Diagnosis: ☐ Alcohol Dependency ()		
☐ Opioid Dependency ()		
☐ Other: ICD-10:		
J Code: J2315		
J Code. 32315		
VIVITROL	ORDERS	
Vivitrol Dose □380mg IM, given once every month		
Number of Doses: or ☐ 12 months		
Number of Doses: of \( \square 12 \) months		
Other Orders:		
	T	
Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	