Lobby PhaRmacy
Specialty Script Rx

374 Stockholm St. • Brooklyn, NY 11237 • www.lobbypharmacy.com

PHONE: (718) 963-7222 • FAX: (718) 628-1568

OPIOID DEPENDENCE REFERRAL FORM

Date: ____/____/____ Needs by Date: _____

Language: _____ ☐ Nursing Instruction Required

Ship to: ☐ Patient ☐ MD Office

Prescriber's Name: _____ DEA #: _____ NPI: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Office Contact: _____

PATIENT INFORMATION: Please complete the following or send patient demographic sheet

Patient Name: _____ Date of Birth: ____/____/____ Gender: ☐ F ☐ M

Address: _____ City, State, Zip: _____

Home Phone: _____ Alternate: _____ Email: _____

PLEASE ATTACH ALL PRIMARY AND SECONDARY INSURANCE INFORMATION

ALCOHOL DEPENDENCE	Patient Diagnosis / ICD-10-CM Diagnosis*
F10.20	Alcohol dependence, uncomplicated
F10.21	Alcohol dependence, in remission
F10.22	Alcohol dependence with intoxication
F10.23	Alcohol dependence with withdrawal
F10.24	Alcohol dependence with alcohol-induced mood disorder
F10.25	Alcohol dependence with alcohol-induced psychotic disorder
F10.26	Alcohol dependence with alcohol-induced persisting amnestic disorder
F10.27	Alcohol dependence with alcohol-induced persisting dementia
F10.28	Alcohol dependence with other alcohol-induced disorders
F10.29	Alcohol dependence with unspecified alcohol-induced disorder

OPIOID DEPENDENCE	Patient Diagnosis / ICD-10-CM Diagnosis*
F11.20	Opioid dependence, uncomplicated
F11.21	Opioid dependence, in remission
F11.22	Opioid dependence with intoxication
F11.23	Opioid dependence with withdrawal
F11.24	Opioid dependence with opioid-induced mood disorder
F11.25	Opioid dependence with opioid-induced psychotic disorder
F11.28	Opioid dependence with other opioid-induced disorder
F11.29	Opioid dependence with unspecified opioid-induced disorder

PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	MAX. DAILY DOSAGE	SIG	QTY.	REFILLS
☐ Vivitrol®	☐ 380mg		☐ Inject 380mg IM once every 4 weeks or once a month		
☐ Suboxone	☐ 2mg / 0.5mg Subling Film ☐ 4mg / 1mg Subling Film ☐ 8mg / 2mg Subling Film ☐ 12mg / 3mg Subling Film				
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Physician Signature: _____ Date: _____

IMPORTANT NOTICE: This facsimile is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the center at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitter material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.

For additional information please visit our website **www.lobbypharmacy.com**

ePrescribe to our pharmacy "Lobby Pharmacy" • **(718) 963-7222**