INFUSACARE
www.infusacare.com

Qutenza (Capsaicin Kit) Topical Application Order

Patient Name: DOB: □ Male □ Female

Diagnosis (please provide ICD10 code):

□ Other:

□ NKDA □ Allergies:

□ New Therapy Order □ Continuation of Therapy Date of last dose:

Ordering Provider Name:

Provider NPI: Phone: Fax:

Practice Address: City: State: Zip Code:

Pre-Medication

□ Acetaminophen _____mg by □ PO
□ Cetirizine _____mg by □ PO
□ Diphenhydramine _____mg by □ PO/ □ IVP
□ Solu-Medrol _____mg by □ PO/ □ IVP
□ Solu-Cortef _____mg by □ PO/ □ IVP
□ Other:

Required Documentation:

□ Patient Demographics
□ Patient Insurance (med and pharm card copies, front and back)
□ Progress Notes/Labs supporting diagnosis
□ Capsaicin 8% topical system procedure notes
□ Other:

Patient height and weight:

Patient Height (cm): Patient Weight (kg):

Qutenza Medication Order

- Dosing
  - □ 2 patches of 8% capsaicin (640 mcg per cm2) every 3 months
  - □ 3 patches of 8% capsaicin (640 mcg per cm2) every 3 months
  - □ 4 patches of 8% capsaicin (640 mcg per cm2) every 3 months
- Apply for:
  - □ 30 minutes
  - □ 60 minutes
  - □ Other: _____
- Total Doses
  - □ 1 year
  - □ Other: _____

Additional Instructions/Notes:

Ordering Provider:

Signature: _____ Date: _____

Provider: _____ Phone: _____ Fax: _____

Best Contact Person in Office: _____ Phone: _____

Locations:

□ *Skokie, IL*: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
□ *Libertyville, IL*: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
□ *Orland Park, IL*: 16612 107th Ct, Ste B. P: 847-324-6800. F: 224-251-7141
□ *Houston, TX*: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400