Clearwell Infusion Centers

Phone: (305)306-7147
Fax: (305)402-9559
Email: intake@clearwellinfusion.com

QUTENZA (Capsaicin)

PATIENT DEMOGRAPHICS

Patient Name: _____
Date of Birth: _____ M: ☐ F: ☐ Address: _____
Phone: _____ City, State, Zip: _____
Email: _____

Allergies:

PRIMARY DIAGNOSIS

ICD-10 Code:

DOCUMENTATION (PLEASE ATTACH)

Clinical / Progress Notes, Labs, Tests supporting primary diagnosis
Clearwell Infusion Centers will draw maintenance labs unless otherwise directed by Referring Provider

PRE-MEDICATION

- ☐ Acetaminophen 1000mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Ceterizine 10mg PO
- ☐ Loratadine 10mg PO
- ☐ Solu-Medrol 125mg IVP
- ☐ Solu-Cortef 100mg IVP
- ☐ Diphenhydramine 25mg IVP
- ☐ Other:

PRIMARY MEDICATION ORDER

Dosage

- ☐ 1 Topical System (1 patch - 280cm2 billing units)
- ☐ 2 Topical Systems (2 patches- 560cm2 billing units)
- ☐ 3 Topical Systems (3 patches- 840cm2 billing units)
- ☐ 4 Topical Systems (4 patches- 1120cm2 billing units)

Patient Weight:

_____ lbs
_____ kg

Location of patch and application time

- ☐ Left Foot (Dx: Diabetic Peripheral Neuropathy: 30 minute application)
- ☐ Right Foot (Dx: Diabetic Peripheral Neuropathy: 30 minute application)
- ☐ Right Side (Dx: Post Herpetic Neuralgia: 60 minute application)
- ☐ Left Side (Dx: Post Herpetic Neuralgia: 60 minute application)

NOTES

ORDERING PROVIDER

Provider Name: _____ NPI: _____
Practice Name: _____ Phone: _____
Office Contact: _____ Fax: _____
Practice Address: _____
City, State, Zip: _____

Provider Signature: _____ Date: _____