

# MATRxVIP

## MATRIX VIP PHARMACY

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Phone (866) 410-3306 Fax (866) 410-3304

Questions? E-mail us at [INFO@MATRIX-PHARMACY.COM](mailto:INFO@MATRIX-PHARMACY.COM) or Call (866) 410-3306. We are here to assist you!

## SUBLOCADE® ENROLLMENT FORM

### PATIENT INFORMATION & DEMOGRAPHICS

ORDER DATE: \_\_\_\_\_ APPOINTMENT DATE (if known): \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ DOB: \_\_\_\_\_  Female  Male

INSURANCE COMPANY: \_\_\_\_\_ ID#: \_\_\_\_\_

GROUP#: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

### PRESCRIPTION INFORMATION

#### DIAGNOSIS

- F11.20 (Opioid dependence, uncomplicated)
- F11.21 (Opioid dependence, in remission)
- \_\_\_\_\_

#### ALLERGIES

- NKA
- \_\_\_\_\_

**SUBLOCADE® 300MG** Loading Dose

Quantity: 1

**Directions:** Administer 1 injection subcutaneously in abdomen once monthly

Refills: \_\_\_\_\_

Sublocade is only shipped to DEA-registered healthcare settings and never directly to patients. The completion of this form may not constitute a valid prescription in accordance with state law. The pharmacy will contact the prescriber to obtain a valid prescription in such states.

### PRESCRIBER INFORMATION

OFFICE/CLINIC NAME: \_\_\_\_\_ ATTN: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PRESCRIBER NAME \_\_\_\_\_

NPI: \_\_\_\_\_ LICENSE: \_\_\_\_\_ DEA: \_\_\_\_\_

PRESCRIBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(substitution permissible if applicable)

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

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