

Osteoarthritis Enrollment Form

3502 U.S. Highway 9.	. Howell. N.J. 07/3	31 www. park			p.com Phone: 1-866-35	5-7797 Fax: 1-888-551-628	Э	
Neme				FORMATION	O Male O	Famala		
Name:			Date of Birth:	Ctata		Female		
Address: Phone:			City:	State:	Zip:			
SS #:			Alt Phone:	1000	Email:	Contoct:		
55#:			Primary Langu		Emergency	Jontact:		
Prescribing Practitioner:			PRESCRIBER	INFORMATION	NPI#:			
Supervising Physician:					NPI#:			
Address:			City: State: Zip:		Tax ID:	Tax ID:		
Phone:		Fax	Fax:		Office Conta	Office Contact:		
		i	MEDICAL II	NFORMATION				
** PLEASE FAX COPY OF	PRESCRIPTION MEI	DICATION/MEI	DICAL CARD, FRONT	AND BACK, AS WEI	L AS ANY CLINICAL NOTE	S REGARDING THERAPY **		
Prior Failed Medica	ation(s):		Length of Treatm	ient	Re	ason for Discontinuing		
		/_	/	//				
	1							
		/_	/	//				
			1 -					
		/_	/	//				
Date of Diagnosis://Las		Last X-Ray D	ate:///////		Allergies:	Allergies:		
O M15.0 Osteoarthritis generalized		Any changes	Any changes with the latest X-Ray?					
O M19.90 Osteoarthritis localized primary		O Yes						
O M19.91 Osteoarthritis localized secondary		O No			Height:	in/cm		
O Other:					Weight:	kg/lbs		
			PRESCRIPTIO	N INFORMATION				
Needs by Date:								
Drug	Dose		Direction & Quantities					
							Refills	
Euflexxa®	O Pre-filled Syringe	e	nject 2mL IA into ead		ntervals for 3 weeks (Qu		Reillis	
Euflexxa®	O Pre-filled Syringe	e O I	Inject 2mL IA into ea o Inject 2mL IA into O I	Left knee OR O Ri	ght knee at weekly interva	antity: 6) Is for 3 weeks (Quantity: 3)	Remis	
Euflexxa® Gel-One®	O Pre-filled Syringe O Pre-filled Syringe	e OI	Inject 2mL IA into ea d Inject 2mL IA into O I Inject 3mL IA into ea d	Left knee OR O Ri ch knee as directed	ght knee at weekly interva d (Quantity: 2)	ls for 3 weeks (Quantity: 3)	Reillis	
	O Pre-filled Syringe	e 01 e 01	Inject 2mL IA into ea Inject 2mL IA into O I Inject 3mL IA into ea Inject 3mL IA into O I	Left knee OR O Ri ch knee as directed Left knee OR O Ri	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quar	Is for 3 weeks (Quantity: 3)	Remis	
	O Pre-filled Syringe O Pre-filled Syringe	e 01 e 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into eau	Left knee OR O Ri ch knee as directed Left knee OR O Ri ch knee at weekly	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan ntervals for 5 weeks (Qu	Is for 3 weeks (Quantity: 3) ntity: 1) antity: 10)	Remis	
Gel-One®	O Pre-filled Syringe	e 01 e 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into eau Inject 3mL IA into O I Inject 2mL IA into eau Inject 2mL IA into O I	Left knee OR O Ri ch knee as directed Left knee OR O Ri ch knee at weekly Left knee OR O Ri	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quai intervals for 5 weeks (Qu ght knee at weekly interva	Is for 3 weeks (Quantity: 3)	Remis	
Gel-One®	O Pre-filled Syringe O Pre-filled Syringe		Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into O I Inject 2mL IA into O I Inject 3mL IA into eau	Left knee OR O Ri ch knee as directer Left knee OR O Ri ch knee at weekly Left knee OR O Ri ch knee at day O ar	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Qu ght knee at weekly interva nd day 7. (Quantity: 4)	Is for 3 weeks (Quantity: 3) htity: 1) antity: 10) Is for 5 weeks (Quantity: 5)	Remis	
Gel-One® Hyalgan®	O Pre-filled Syringe O Pre-filled Syringe O Vials	e 01 e 01 e 01 e 01 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into O I Inject 2mL IA into O I Inject 3mL IA into O I	Left knee OR O Ri ch knee as directer Left knee OR O Ri ch knee at weekly Left knee OR O Ri ch knee at day 0 ar Left knee OR O Ri	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Qu ght knee at weekly interva nd day 7. (Quantity: 4) ght knee at day 0 and day	Is for 3 weeks (Quantity: 3) htty: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2)	Remis	
Gel-One® Hyalgan®	O Pre-filled Syringe O Pre-filled Syringe O Vials	e 01 e 01 e 01 e 01 e 01 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into O I Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2ml IA into eau	Left knee OR O Ri ch knee as directed Left knee OR O Ri ch knee at weekly Left knee OR O Ri ch knee at day 0 at Left knee OR O Ri h knee at weekly in	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Qu ght knee at weekly interva nd day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Qua	Is for 3 weeks (Quantity: 3) ntity: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) ntity: 6)	Remis	
Gel-One® Hyalgan®	O Pre-filled Syringe O Pre-filled Syringe O Vials	e 01 e 01 e 01 e 01 e 01 e 01 e 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into O I Inject 2mL IA into O I Inject 3mL IA into eau Inject 3mL IA into O I Inject 2ml IA into eau Inject 2mL IA into O I	Left knee OR O Ri Ch knee as directed Left knee OR O Ri Ch knee at weekly Left knee OR O Ri Ch knee at day O at Left knee OR O Ri h knee at weekly in Left knee OR O Ri	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Qu ght knee at weekly interva d day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Qua ght knee at weekly interva	Is for 3 weeks (Quantity: 3) ntity: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) ntity: 6) Is for 3 weeks (Quantity: 3)	Remis	
Gel-One® Hyalgan® Hymovis®	O Pre-filled Syringe O Pre-filled Syringe O Vials O Pre-filled Syringe	e 01 e 01 e 01 e 01 e 01 e 01 e 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into O I Inject 2mL IA into O I Inject 3mL IA into O I Inject 2ml IA into eau Inject 2mL IA into O I Inject 2mL IA into O I Inject 2mL IA into O I	Left knee OR O Ri Ch knee as directer Left knee OR O Ri Ch knee at weekly Left knee OR O Ri Ch knee at day O ar Left knee OR O Ri h knee at weekly in Left knee OR O Ri h knee at weekly in	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Qu ght knee at weekly interva ind day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Qua ght knee at weekly interva intervals for 4 weeks (Qua	Is for 3 weeks (Quantity: 3) ntity: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) ntity: 6) Is for 3 weeks (Quantity: 3) ntity: 8)	Remis	
Gel-One® Hyalgan® Hymovis®	O Pre-filled Syringe O Pre-filled Syringe O Vials O Pre-filled Syringe	e 01 e 01 e 01 e 01 e 01 e 01 e 01 01 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into O I Inject 2mL IA into O I Inject 3mL IA into eau Inject 3mL IA into O I Inject 2ml IA into O I Inject 2ml IA into O I Inject 2ml IA into eau Inject 2ml IA into eau	Left knee OR O Ri ch knee as directer Left knee OR O Ri ch knee at weekly Left knee OR O Ri ch knee at day 0 ar Left knee OR O Ri h knee at weekly ir Left knee OR O Ri h knee at weekly ir Left knee OR O Ri	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Quan ght knee at weekly interva ind day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Quan ght knee at weekly interva intervals for 4 weeks (Quan ght knee at weekly interva	Is for 3 weeks (Quantity: 3) htty: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) htty: 6) Is for 3 weeks (Quantity: 3) htty: 8) Is for 4 weeks (Quantity: 4)	Remis	
Gel-One® Hyalgan® Hymovis®	O Pre-filled Syringe O Pre-filled Syringe O Vials O Pre-filled Syringe	e 01 e 01 e 01 e 01 e 01 e 01 01 e 01 01 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into O I Inject 2mL IA into O I Inject 3mL IA into eau Inject 3mL IA into O I Inject 2ml IA into O I	Left knee OR O Ri ch knee as directer Left knee OR O Ri ch knee at weekly Left knee OR O Ri ch knee at day O ar Left knee OR O Ri h knee at weekly in Left knee OR O Ri h knee at weekly in Left knee OR O Ri ach knee at weekly	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Quan ght knee at weekly interva ind day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Quan ght knee at weekly interva intervals for 4 weeks (Quan ght knee at weekly interva intervals for 3 weeks (Quan ght knee at weekly interva	Is for 3 weeks (Quantity: 3) htty: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) htty: 6) Is for 3 weeks (Quantity: 3) htty: 8) Is for 4 weeks (Quantity: 4) uantity: 6)	Remis	
Gel-One® Hyalgan® Hymovis®	O Pre-filled Syringe O Pre-filled Syringe O Vials O Pre-filled Syringe	e 01 e 01 e 01 e 01 e 01 e 01 e 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into O I Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2ml IA into O I Inject 2mL IA into O I Inject 2ml IA into eau Inject 2ml IA into eau Inject 2ml IA into O I Inject 2ml IA into O I Inject 2ml IA into O I	Left knee OR O Ri ch knee as directed Left knee OR O Ri ch knee at weekly Left knee OR O Ri ch knee at day 0 at Left knee OR O Ri h knee at weekly in Left knee OR O Ri ach knee at weekly Left knee OR O Ri ach knee at weekly Left knee OR O	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Qua ght knee at weekly interva nd day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Qua ght knee at weekly interva intervals for 4 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva	Is for 3 weeks (Quantity: 3) htty: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) htty: 6) Is for 3 weeks (Quantity: 3) htty: 8) Is for 4 weeks (Quantity: 4) uantity: 6) vals for 3 weeks (Quantity: 3)	Remis	
Gel-One® Hyalgan® Hymovis® Orthovisc®	O Pre-filled Syringe O Pre-filled Syringe O Vials O Pre-filled Syringe	e 01 e 01 e 01 e 01 e 01 e 01 e 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into eau Inject 2mL IA into O I Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mI IA into eau Inject 2mI IA into eau Inject 2mI IA into eau Inject 2.5mI IA into eau Inject 2.5mI IA into eau	Left knee OR O Ri ch knee as directed Left knee OR O Ri ch knee at weekly Left knee OR O Ri ch knee at day 0 at Left knee OR O Ri h knee at weekly in Left knee OR O Ri ach knee at weekly Left knee OR O Ri ach knee at weekly Left knee OR O ach knee at weekly	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Qua ght knee at weekly interva d day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Qua ght knee at weekly interva intervals for 4 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 5 weeks (Qua ght knee at weekly interva	Is for 3 weeks (Quantity: 3) htty: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) htty: 6) Is for 3 weeks (Quantity: 3) htty: 8) Is for 4 weeks (Quantity: 4) Lantity: 6) yals for 3 weeks (Quantity: 3) Lantity: 10)	Remis	
Gel-One® Hyalgan® Hymovis® Orthovisc®	O Pre-filled Syringe O Pre-filled Syringe O Vials O Pre-filled Syringe	e 01 e 01 e 01 e 01 e 01 e 01 e 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into O I Inject 2mL IA into O I Inject 3mL IA into eau Inject 3mL IA into eau Inject 2mI IA into eau Inject 2mI IA into eau Inject 2mI IA into eau Inject 2mI IA into eau Inject 2.5mI IA into eau Inject 2.5mI IA into eau Inject 2.5mI IA into eau Inject 2.5mI IA into eau	Left knee OR O Ri ch knee as directed Left knee OR O Ri ch knee at weekly Left knee OR O Ri ch knee at day 0 ar Left knee OR O Ri h knee at weekly in Left knee OR O Ri ach knee at weekly Left knee OR O ach knee at weekly Left knee OR O ach knee at weekly Left knee OR O	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Qua ght knee at weekly interva d day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 5 weeks (Q Right knee at weekly interva	Is for 3 weeks (Quantity: 3) htty: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) ntity: 6) Is for 3 weeks (Quantity: 3) ntity: 8) Is for 4 weeks (Quantity: 4) Juantity: 6) vals for 3 weeks (Quantity: 3) uantity: 10) vals for 5 weeks (Quantity: 5)		
Gel-One® Hyalgan® Hymovis® Orthovisc®	O Pre-filled Syringe O Pre-filled Syringe O Vials O Pre-filled Syringe	e 01 e 01 e 01 e 01 e 01 e 01 e 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into O I Inject 2mL IA into O I Inject 2mL IA into O I Inject 3mL IA into eau Inject 2ml IA into eau Inject 2ml IA into eau Inject 2mL IA into O I Inject 2mL IA into O I Inject 2.5ml IA into eau Inject 2.5ml IA into eau Inject 2.5ml IA into eau Inject 2.5ml IA into eau Inject 2.5ml IA into eau	Left knee OR O Ri Left knee as directer Left knee at weekly Left knee OR O Ri Ch knee at day O ar Left knee OR O Ri h knee at weekly in Left knee OR O Ri h knee at weekly Left knee OR O Ri ach knee at weekly Left knee OR O ach knee at weekly Left knee OR O Ch knee at weekly	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Qua ght knee at weekly interva d day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 5 weeks (Qua ght knee at weekly interva intervals for 5 weeks (Qua Right	Is for 3 weeks (Quantity: 3) ntity: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) ntity: 6) Is for 3 weeks (Quantity: 3) ntity: 8) Is for 4 weeks (Quantity: 4) uantity: 6) vals for 3 weeks (Quantity: 3) uantity: 10) vals for 5 weeks (Quantity: 5) antity: 6)		
Gel-One® Hyalgan® Hymovis® Orthovisc® Supartz FX®	O Pre-filled Syringe O Pre-filled Syringe O Vials O Pre-filled Syringe O Pre-filled Syringe	e 01 e 01 e 01 e 01 e 01 e 01 e 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 3mL IA into C I Inject 2mL IA into O I Inject 2mL IA into O I Inject 3mL IA into eau Inject 2mL IA into O I Inject 2.5mL IA into O Inject 2mL IA into O	Left knee OR O Ri Ch knee as directer Left knee OR O Ri Ch knee at weekly Left knee OR O Ri Ch knee at day O ar Left knee OR O Ri h knee at weekly in Left knee OR O Ri h knee at weekly Left knee OR O Ri ach knee at weekly Left knee OR O ach knee at weekly Left knee OR O Ch Knee At weekly Ch	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Qua ght knee at weekly interva ind day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Qua ght knee at weekly interva intervals for 4 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 5 weeks (Qua Right knee at weekly interva intervals for 5 weeks (Qua Right knee at weekly interva intervals for 3 weeks (Qua Right knee at weekly interva	Is for 3 weeks (Quantity: 3) htty: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) ntity: 6) Is for 3 weeks (Quantity: 3) ntity: 8) Is for 4 weeks (Quantity: 4) Juantity: 6) vals for 3 weeks (Quantity: 3) uantity: 10) vals for 5 weeks (Quantity: 5)		
Gel-One® Hyalgan® Hymovis® Orthovisc® Supartz FX®	O Pre-filled Syringe O Pre-filled Syringe O Vials O Pre-filled Syringe O Pre-filled Syringe	e 01 e 01 e 01 e 01 e 01 e 01 e 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into eau Inject 3mL IA into eau Inject 2mL IA into O I Inject 2.5mL IA into eau Inject 2mL IA into eau Inject 2mL IA into eau	Left knee OR O Ri ch knee as directed Left knee OR O Ri ch knee at weekly Left knee OR O Ri ch knee at day 0 at Left knee OR O Ri h knee at weekly in Left knee OR O Ri h knee at weekly Left knee OR O Ri ach knee at weekly Left knee OR O ach knee at weekly Left knee OR O ch knee at weekly Left knee OR O ch knee at weekly Left knee OR O ch knee at weekly	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Qua ght knee at weekly interva and day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 5 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva d. (Quantity: 2)	Is for 3 weeks (Quantity: 3) htty: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) htty: 6) Is for 3 weeks (Quantity: 3) htty: 8) Is for 4 weeks (Quantity: 4) Quantity: 6) yals for 3 weeks (Quantity: 3) Quantity: 10) yals for 5 weeks (Quantity: 5) antity: 6) Is for 3 weeks (Quantity: 5) antity: 6) Is for 3 weeks (Quantity: 3)		
Gel-One® Hyalgan® Hymovis® Orthovisc® Supartz FX® Synvisc®	O Pre-filled Syringe O Pre-filled Syringe O Vials O Pre-filled Syringe O Pre-filled Syringe O Pre-filled Syringe	e 01 e 01 e 01 e 01 e 01 e 01 e 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mI IA into eau Inject 2mI IA into eau Inject 2mI IA into eau Inject 2.5mI IA into eau Inject 2.5mL IA into O I Inject 2.5mL IA into O I Inject 2mL IA into O I Inject 2mL IA into O I Inject 6mL IA into O I	Left knee OR O Ri ch knee as directed Left knee OR O Ri ch knee at weekly Left knee OR O Ri ch knee at day 0 at Left knee OR O Ri h knee at weekly in Left knee OR O Ri ach knee at weekly Left knee OR O ach knee at weekly Left knee OR O Ri ch knee at weekly Left knee OR O Ri	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Qua ght knee at weekly interva nd day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 5 weeks (Qua ght knee at weekly interva intervals for 5 weeks (Qua Right knee at weekly interva intervals for 3 weeks (Qua Right knee at weekly interva intervals for 3 weeks (Qua Right knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva d. (Quantity: 2) ght knee as directed (Quan	Is for 3 weeks (Quantity: 3) htty: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) htty: 6) Is for 3 weeks (Quantity: 3) htty: 8) Is for 4 weeks (Quantity: 4) Quantity: 6) yals for 3 weeks (Quantity: 3) Quantity: 10) yals for 5 weeks (Quantity: 5) antity: 6) Is for 3 weeks (Quantity: 5) antity: 6) Is for 3 weeks (Quantity: 3)		
Gel-One® Hyalgan® Hymovis® Orthovisc® Supartz FX® Synvisc®	O Pre-filled Syringe O Pre-filled Syringe O Vials O Pre-filled Syringe O Pre-filled Syringe O Pre-filled Syringe	e 01 e 01 e 01 e 01 e 01 e 01 e 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mI IA into eau Inject 2mI IA into eau Inject 2.5mI IA into eau Inject 2.5mI IA into eau Inject 2.5mL IA into O Inject 2.5mL IA into O Inject 2.5mL IA into O Inject 2.5mL IA into O Inject 2mL IA into O Inject 6mL IA into O Inject 6mL IA into O Inject 0m pre-filled sym	Left knee OR O Ri ch knee as directer Left knee OR O Ri ch knee at weekly Left knee OR O Ri ch knee at day 0 at Left knee OR O Ri h knee at weekly in Left knee OR O Ri ach knee at weekly Left knee OR O ach knee at weekly Left knee OR O ach knee at weekly Left knee OR O ch knee at weekly	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Qua ght knee at weekly interva d day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 5 weeks (Qua Right knee at weekly interva intervals for 5 weeks (Qua Right knee at weekly interva intervals for 3 weeks (Qua Right knee at weekly interva intervals for 3 weeks (Qua Right knee at weekly interva d. (Quantity: 2) ght knee as directed (Quan intervals for 3 weeks (Quantity: 2) ght knee as directed.	Is for 3 weeks (Quantity: 3) htty: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) htty: 6) Is for 3 weeks (Quantity: 3) htty: 8) Is for 4 weeks (Quantity: 4) Quantity: 6) yals for 3 weeks (Quantity: 3) Quantity: 10) yals for 5 weeks (Quantity: 5) antity: 6) Is for 3 weeks (Quantity: 5) antity: 6) Is for 3 weeks (Quantity: 3)		
Gel-One® Hyalgan® Hymovis® Orthovisc® Supartz FX® Synvisc® Synvisc-One®	O Pre-filled Syringe O Pre-filled Syringe O Vials O Pre-filled Syringe O Pre-filled Syringe O Pre-filled Syringe O Pre-filled Syringe	e 01 e 01 e 01 e 01 e 01 e 01 e 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mI IA into eau Inject 2mI IA into eau Inject 2.5mI IA into eau Inject 2.5mI IA into eau Inject 2.5mL IA into O Inject 2.5mL IA into O Inject 2.5mL IA into O Inject 2.5mL IA into O Inject 2mL IA into O Inject 6mL IA into O Inject 6mL IA into O Inject 0m pre-filled sym	Left knee OR O Ri ch knee as directer Left knee OR O Ri ch knee at weekly Left knee OR O Ri ch knee at day 0 at Left knee OR O Ri h knee at weekly in Left knee OR O Ri ach knee at weekly Left knee OR O ach knee at weekly Left knee OR O ach knee at weekly Left knee OR O ch knee at weekly	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Quan d day 7. (Quantity: 4) ght knee at weekly interva d day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Quan ght knee at weekly interva intervals for 3 weeks (Quan ght knee at weekly interva intervals for 5 weeks (Quan ght knee at weekly interva intervals for 5 weeks (Quan ght knee at weekly interva intervals for 3 weeks (Quan ght knee at weekly interva intervals for 3 weeks (Quan ght knee at weekly interva intervals for 3 weeks (Quan ght knee at weekly interva d. (Quantity: 2) ght knee as directed (Quan	Is for 3 weeks (Quantity: 3) htty: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) htty: 6) Is for 3 weeks (Quantity: 3) htty: 8) Is for 4 weeks (Quantity: 4) Quantity: 6) yals for 3 weeks (Quantity: 3) Quantity: 10) yals for 5 weeks (Quantity: 5) antity: 6) Is for 3 weeks (Quantity: 5) antity: 6) Is for 3 weeks (Quantity: 3)		
Gel-One® Hyalgan® Hymovis® Orthovisc® Supartz FX® Synvisc® Synvisc-One®	O Pre-filled Syringe O Pre-filled Syringe O Vials O Pre-filled Syringe O Pre-filled Syringe O Pre-filled Syringe O Pre-filled Syringe	e 01 e 01 e 01 e 01 e 01 e 01 e 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into O I Inject 3mL IA into eau Inject 3mL IA into eau Inject 3mL IA into O I Inject 2ml IA into eau Inject 2ml IA into eau Inject 2mL IA into O I Inject 2mL IA into O I Inject 2.5mL IA into O I Inject 2.5mL IA into O Inject 2.5mL IA into O Inject 2.5mL IA into O Inject 2mL IA into O Inject 6mL IA into O Inject 6mL IA into O Inject one pre-filled sym	Left knee OR O Ri ch knee as directer Left knee OR O Ri ch knee at weekly Left knee OR O Ri ch knee at day O ar Left knee OR O Ri h knee at weekly in Left knee OR O Ri h knee at weekly in Left knee OR O Ri ach knee at weekly Left knee OR O ach knee at weekly Left knee OR O ch knee at weekly Left knee O Ch knee at weekly Ch knee at weekly C	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Qua ght knee at weekly interva d day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua Right knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva d. (Quantity: 2) ght knee as directed (Quan thee as directed. knee OR O Right knee	Is for 3 weeks (Quantity: 3) htty: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) htty: 6) Is for 3 weeks (Quantity: 3) htty: 8) Is for 4 weeks (Quantity: 4) Quantity: 6) yals for 3 weeks (Quantity: 3) Quantity: 10) yals for 5 weeks (Quantity: 5) antity: 6) Is for 3 weeks (Quantity: 5) antity: 6) Is for 3 weeks (Quantity: 3)	Remis	
Gel-One® Hyalgan® Hymovis® Orthovisc® Supartz FX® Synvisc® Synvisc-One®	O Pre-filled Syringe O Vials O Pre-filled Syringe O Pre-filled Syringe O Pre-filled Syringe O Pre-filled Syringe O Pre-filled Syringe O Pre-filled Syringe	e 01 e 01	Inject 2mL IA into eau Inject 2mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 3mL IA into O I Inject 2mL IA into O I Inject 3mL IA into eau Inject 3mL IA into eau Inject 3mL IA into eau Inject 2mL IA into O I Inject 2.5mL IA into eau Inject 2.5mL IA into eau Inject 2.5mL IA into eau Inject 2.5mL IA into eau Inject 2mL IA into O I Inject 2mL IA into eau Inject 2mL IA into eau Inject 2mL IA into eau Inject 2mL IA into eau Inject 6mL IA into eau Inject 6mL IA into O I Inject one pre-filled sym Inject one pre-filled sym	Left knee OR O Ri ch knee as directer Left knee OR O Ri ch knee at weekly Left knee OR O Ri ch knee at day O ar Left knee OR O Ri h knee at weekly in Left knee OR O Ri h knee at weekly in Left knee OR O Ri ach knee at weekly Left knee OR O ach knee at weekly Left knee OR O ach knee at weekly Left knee OR O ch knee at weekly Left knee OR O Ri ch knee at weekly Left knee OR O Ri ch knee at weekly Left knee OR O Ch knee at weekly Ch knee At w	ght knee at weekly interva d (Quantity: 2) ght knee as directed (Quan intervals for 5 weeks (Qua ght knee at weekly interva d day 7. (Quantity: 4) ght knee at day 0 and day intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua ght knee at weekly interva intervals for 3 weeks (Qua Right knee at weekly interva intervals for 3 weeks (Qua Right knee at weekly interva intervals for 3 weeks (Qua Right knee at weekly interva d. (Quantity: 2) ght knee as directed. conee OR O Right knee	Is for 3 weeks (Quantity: 3) ntity: 1) antity: 10) Is for 5 weeks (Quantity: 5) 7 (Quantity: 2) ntity: 6) Is for 3 weeks (Quantity: 3) ntity: 8) Is for 4 weeks (Quantity: 4) uantity: 6) vals for 3 weeks (Quantity: 3) uantity: 10) vals for 5 weeks (Quantity: 5) antity: 6) Is for 3 weeks (Quantity: 3) ntity: 1)		

Prescribing Practitioner:

CONFIDENTIALITY NOTICE

Date

IMPORTANT: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, proprietary or exempt from disclosure under applicable law. If you are not the addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.

Faxed Prescriptions will only be accepted from a prescribing practitioner.