



ALCOHOL AND OPIOID DEPENDENCY

E-SCRIBE and FAX ENROLLMENT FORM

NOBLE NORTHEAST: E-Scribe: NOBLE | Fax: 888-842-3977 | Tel: 888-843-2040

NOBLE SOUTHEAST: E-Scribe: NOBLEMS/TRANSCRIPT | Fax: 601-420-4040 | Tel: 866-420-4041

Delivery Needed By: _____ Deliver to: Patient's Home Physician's Office Other: _____

PATIENT INFORMATION	PROVIDER INFORMATION
Patient Name: _____ <input type="checkbox"/> Male	Prescriber's Name: _____
Street Address: _____ <input type="checkbox"/> Female	Office Contact Name: _____
City: _____ State: _____ Zip Code: _____	Address: _____
Phone Number: _____	City: _____ State: _____ Zip Code: _____
Email Address: _____	Phone Number: _____
Last Four of Social: _____ Date of Birth: _____	Fax Number: _____
Translator Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____	DEA/NPI #: _____

INSURANCE - PLEASE FAX A COPY OF PRESCRIPTION CARD FRONT & BACK

CLINICAL INFORMATION	
Diagnosis: _____	Has the patient been treated previously for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No
ICD-10 Code: _____	
Height: _____ ft _____ ins Weight: _____ lbs	Medications Failed: _____
Allergies: _____	Medications On: _____
Other Notes: _____	

PRESCRIPTION INFORMATION				
Medication:	Dosage/Strength:	Directions:	Quantity:	Refills:
Sublocade® <i>Providers' office use only. Not to be sent to patient home.</i>	<input type="checkbox"/> 100mg/0.5ml prefilled syringe <input type="checkbox"/> 300mg/1.5ml prefilled syringe	Initiation of treatment following induction: <i>Patients should first undergo induction and stabilization by initiating a buprenorphine-containing product, delivering the equivalent of 8-24mg/day of transmucosal buprenorphine for a minimum of 7 days.</i> <input type="checkbox"/> Inject 300mg subcutaneously monthly for 2 months. <input type="checkbox"/> Inject 100mg subcutaneously monthly for maintenance. <input type="checkbox"/> Other Transition of patients established on long-term treatment with transmucosal buprenorphine: Transmucosal Buprenorphine Doses: 8-18mg/day <input type="checkbox"/> Inject 300mg subcutaneously for initial dose. <input type="checkbox"/> Inject 100mg subcutaneously monthly for maintenance. (For patients still experiencing craving or withdrawal symptoms after the initial 300mg dose, consider giving 300mg as second dose.) 20-24mg/day <input type="checkbox"/> Inject 300mg subcutaneously monthly for 2 months. <input type="checkbox"/> Inject 100mg subcutaneously monthly for maintenance. <input type="checkbox"/> Other		
Vivitol®	<input type="checkbox"/> 380mg/ml injectable suspension	<input type="checkbox"/> Inject 380mg (1ml) IM once per month	<input type="checkbox"/> _____ cartons (doses)	
Other				
<input type="checkbox"/> Patient is interested in patient support programs		<input type="checkbox"/> Ancillary supplies provided for administration		

Physician Signature: _____

Date: _____

NATIONALLY ACCREDITED. 100% EMPLOYEE OWNED.

www.noblehealthservices.com

Important Notice: This communication contains information that is confidential and protected from disclosure. If the reader of this message is not the intended recipient, employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please reply to the sender that you have received the message in error and destroy this copy. Q220221