MEDICA HEALTHCARE SERVICES
INJECTIONS AND INFUSION SPECIALTY
CHRONIC & RARE DISEASES

INVEGA Medication Order Form

PATIENT INFORMATION

Patient's Name (Last, First, Middle): _____

DOB: _____ Phone: _____

Weight in lbs/kg: _____ NKDA Allergies: _____

DIAGNOSIS:

ICD-10 Code _____ **Description** _____

Rx/Drug	Strength/Dose	Directions	Qty	Refills
◯ **Invega Sustenna**				
◯ **Invega Trinza**				
◯ **Invega Hafyera**				

Notes _____

ORDERING PROVIDER:

Signature: _____ **Date:** _____

Provider's Name: _____ **Phone:** _____

Physician NPI: _____ **Physician's DEA:** _____

PLEASE SELECT PREFERRED PATIENT LOCATION:

- ☐ 105 Commerce St, # 109, Lake Mary, FL 32746
- ☐ 4850 W Oakland Park Blvd, #104, Lauderdale Lakes, FL 33313
- ☐ 3401 PGA Blvd, STE 540, Palm Beach Gardens, FL 33410
- ☐ 5210 Linton Blvd, STE 207, Delray Beach, FL 33484
- ☐ 3654 SW 30th Ave, Palm City, FL 34990

PLEASE FAX ORDER TO:

Fax: 561-207-7848

Phone: 689-488-1430

info@medicainfusion.com

www.medicainfusion.com