

# Qutenza (Capsaicin 8% topical system)

Provider Order Form rev. 1/25/2026



- Saint Cloud, FL
- Lake Mary-Sanford, FL
- Nashville, TN
- Gallatin, TN

## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

DOB: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Patient Address: \_\_\_\_\_ Patient Email: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_

\*(Diagnosis) ICD-10 code: \_\_\_\_\_ ICD-10 description: \_\_\_\_\_ Last Treatment Date: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Please select all tried and failed drugs

- Anticonvulsants**  Gabapentin  Pregabalin
- Antidepressants (Tricyclic)**  Amitriptyline  Imipramine  Nortriptyline  Protriptyline  Trimipramine
- Amoxapine  Clomipramine  Desipramine  Doxepin
- Antidepressants (SNRI)**  Duloxetine  Venlafaxine

- Antidepressants (SSRI)**  Paroxetine  Fluoxetine  Other (specify) \_\_\_\_\_
- Oral Analgesic**  Opioids (specify) \_\_\_\_\_
- Topical analgesics (OTC or Rx)**  Cream  Patches
- Products containing Capsaicin**  Cream  Patches
- Products containing Lidocaine**  Cream  Patches

**NURSING**  Provide nursing care per IVCare Infusion's Procedures, including reaction management and post-procedure observation

### PREMEDICATIONS

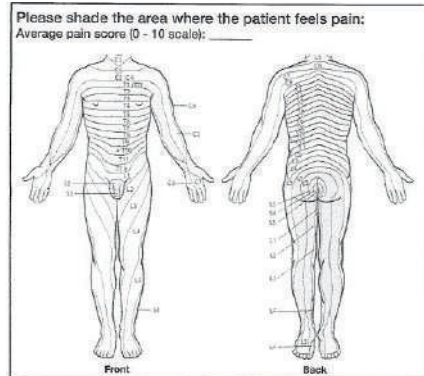
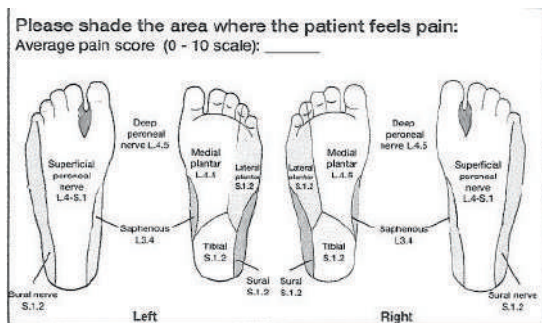
- acetaminophen (Tylenol)  500mg  650mg /  1000mg PO
- cetirizine (Zyrtec) 10mg PO  loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl)  25mg  50mg  PO  IV
- methylprednisolone (Solu-Medrol)  40mg  125mg IV
- hydrocortisone (Solu-Cortef)  100mg IV
- Other: \_\_\_\_\_

### QUTENZA THERAPY ADMINISTRATION

- 2 patches of 8% capsaicin (640 mcg per cm<sup>2</sup>) every 3 months
- 3 patches of 8% capsaicin (640 mcg per cm<sup>2</sup>) every 3 months
- 4 patches of 8% capsaicin (640 mcg per cm<sup>2</sup>) every 3 months

Number of administrations \_\_\_\_\_

### SITE/LOCATION OF APPLICATION



Special Instructions:

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. \*\*Order is valid for one year unless otherwise noted\*\*

Provider Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Email: info@ivcareinfusion.com or fax this Form, Insurance card (both sides), Demographics, Recent H&P, Labs & supporting Clinicals to : (615) 471-8674

# TN

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# FL

**ST. CLOUD**  
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**LAKE MARY - SANFORD**  
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