

Topical Capsaicin 8% Patch Procedure Notes

Last Name	First Name	Date	Chart #
Date of Next Office Visit	BP _____/_____ _____	Pulse _____	Height _____ _____, _____ Weight _____

Patient History

1. Date of prior Capsaicin 8% Patch application: _____ 1st Date _____ 2nd Date _____ 3rd Date _____ 4th Date

2. Please identify the main area(s) that has pain on the body: _____

Which Side? Left Right Bilateral

3. Please check the appropriate boxes below to identify the main area(s) of pain on the foot(foot):

Left Foot Right Foot

<input type="checkbox"/> Anterior	<input type="checkbox"/> Posterior	<input type="checkbox"/> Plantar	<input type="checkbox"/> Proximal	<input type="checkbox"/> Anterior	<input type="checkbox"/> Posterior	<input type="checkbox"/> Plantar	<input type="checkbox"/> Proximal
<input type="checkbox"/> Dorsal	<input type="checkbox"/> Medial	<input type="checkbox"/> Lateral	<input type="checkbox"/> Distal	<input type="checkbox"/> Dorsal	<input type="checkbox"/> Medial	<input type="checkbox"/> Lateral	<input type="checkbox"/> Distal

4. Check the words that best describe the quality of your pain?

Aching Stabbing Nagging Burning Throbbing Gnawing

Numb-like Tiring Shooting Penetrating Sharp Unbearable

Coding: (Coverage Reimbursement Guide provides a list of codes. It is the physician's responsibility to provide the correct codes.)

<input type="checkbox"/> B02.23 Postherpetic polyneuropathy	<input type="checkbox"/> B02.29 Other postherpetic nervous system involvement
<input type="checkbox"/> E08.40 diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	<input type="checkbox"/> E08.42 diabetes mellitus due to underlying condition with diabetic polyneuropathy
<input type="checkbox"/> E10.40 type 1 diabetes mellitus with diabetic neuropathy, unspecified	<input type="checkbox"/> E10.42 type 1 diabetes mellitus with diabetic polyneuropathy
<input type="checkbox"/> E11.40 type 2 diabetes mellitus with diabetic neuropathy, unspecified	<input type="checkbox"/> E11.42 type 2 diabetes mellitus with diabetic polyneuropathy
<input type="checkbox"/> E13.40 other specified diabetes mellitus with diabetic neuropathy, unspecified	<input type="checkbox"/> E13.41 other specified diabetes mellitus with diabetic mononeuropathy
<input type="checkbox"/> E13.42 other specified diabetes mellitus with diabetic polyneuropathy	<input type="checkbox"/> Other: _____

<input type="checkbox"/> J Code: J7336	<input type="checkbox"/> J Code: J7336JW	<input type="checkbox"/> NDC # 72512-928-01	<input type="checkbox"/> NDC # 72512-929-01
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CPT Code: _____ *Please refer to billing and reimbursement guideline for additional billing information

8% Capsaicin Patch(es) Applied: (each unit is 1cm²)

1 patch (280cm² billing units) 2 patches (560cm² billing units) 3 patches (840cm² billing units) 4 patches (1120cm² billing units)

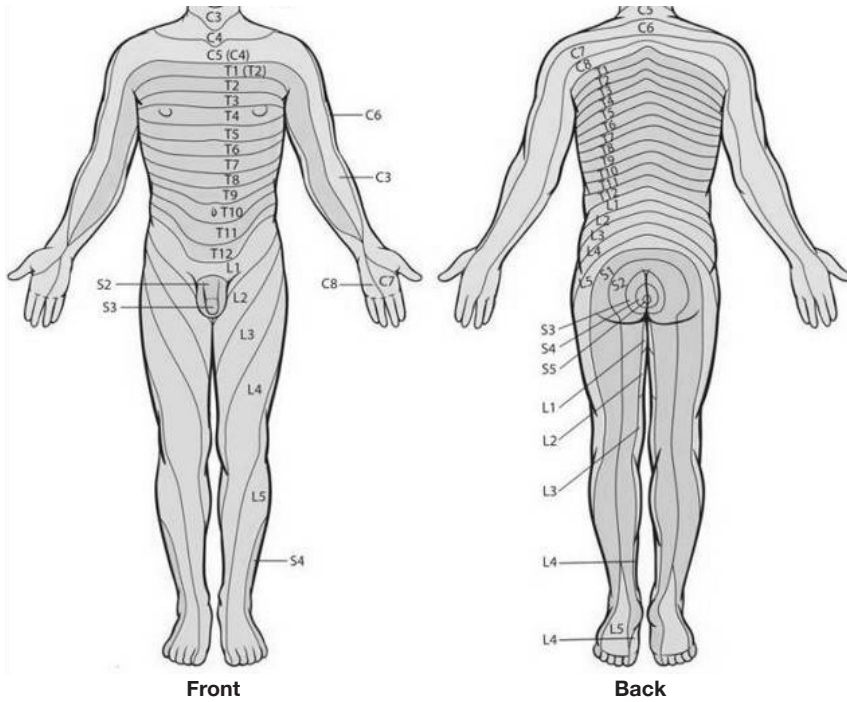
Other _____/_____
patch(es) billing units Wastage _____/_____
patch(es) billing units

If Applicable	Patch Lot#	Exp Date
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Additional Notes:

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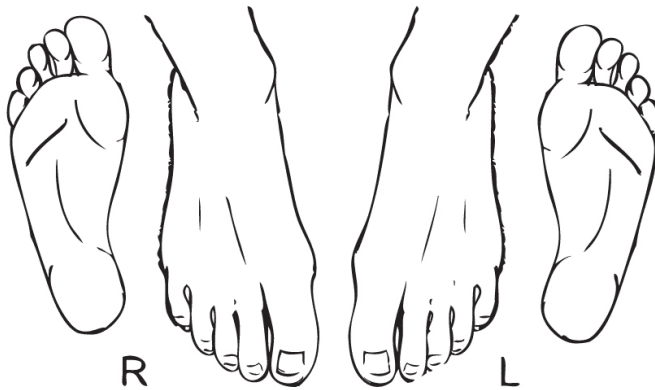
Please shade the area where the patient feels pain:
Average pain score (0 - 10 scale): _____



Patient has tried and failed and /or did not tolerate the following:

- Gabapentin
- Amitriptyline
- Clomipramine
- Doxepin
- Imipramine
- Trimipramine
- Amoxapine
- Desipramine
- Nortriptyline
- Protriptyline
- Lidocaine Patches
- Duloxetine
- Capsaicin topical analgesic cream
- Opioids (specify) _____
- Other _____

Please shade the area where the patient feels pain:
Average pain score (0 - 10 scale): _____



Additional Clinical Rational

ER Visits (#): _____

Other:

Provider's Signature _____

Date _____