

PHYSICIAN ORDERS

Status New Therapy Order Renewal Dosage or Frequency Change

Diagnosis ICD 10 Code: _____ Other: _____

Labs Labs to be drawn by: Infusion Clinic Referring Physician
 If Infusion Clinic: _____

Premeds

IV Fluid NS TKO
 Other: _____

Medication Orders

Additional Orders

Monitoring Monitor for signs/symptoms of hypersensitivity during infusion and 30 mins post-infusion.
 For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.

Physician Information Physician Name _____ NPI _____
 Office Contact _____ Phone _____
 Provider Signature: _____ Date _____

REQUIRED DOCUMENTATION	
○ Patient Demographics & Insurance Information:	- Copy of patient's insurance card – front and back
○ Clinical / Progress Notes, supporting primary diagnosis:	- 2 most recent office notes - Medication history
○ Most Recent Labs:	- CMP and CBC

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