pharmacy SPECIALISTS

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pharmacy-specialists.com

Infusion Order Form

REQUIRED: Demographics & Most recent H&P, Clinical Notes, and Medication List

PATIENT INFORMATION

Patient Name		Date of Birth		Gender	☐ Male ☐ Female
Address					
Home Phone		Work Phone		Cell Phone	

INSURANCE INFORMATION: Please fax a copy of the insurance card(s) with this form (front and back)

MEDICAL INFORMATION

Weight (kg)		Height		Allergies	
Diagnosis				ICD-10	
Patient Status	☐ New to Therapy ☐ Continuing Therapy			Next Treatment Date	
Line Access	☐ Port ☐ PICC Other: _____			Lumens	☐ 1 ☐ 2 ☐ 3

PRESCRIPTION

Lab Orders _____ Frequency _____

PROVIDER INFORMATION

By signing this form and utilizing our services, the prescriber is authorizing *Pharmacy Specialists* and its employees to serve as their prior authorization and designated agent in dealing with medical and prescription insurance companies. The prescriber certifies that the use of the indicated treatment is medically necessary, and the prescriber will supervise the patient's treatment.

Prescriber Name		Signature		Date	
Prescriber NPI		Phone		Fax	Contact Person

REFERRAL AND INSURANCE APPROVAL PROCESS: Please submit a completed order form and all required documentation. *Pharmacy Specialists* will complete insurance verification and submit all required documentation to the patient's insurance company for eligibility. Our team will notify you if any additional information is required. Financial responsibility will be reviewed with the patient. Any available co-pay assistance programs will be discussed with the patient as needed. Thank you for the referral.