

Infusion Care Referral Orders (Please submit for drugs not listed on an existing referral form)

**Fax completed order to: 334-521-0394**

1925 East Glenn Ave. Suite 203

Auburn, AL 36830

334-521-0073

# InfusionCare.org

**P: 334-521-0073**

Demographics Insurance Information H & P Relevant to the Diagnosis

**This information is necessary for prior authorization approval and to ensure payment by the insurance carrier.**

**\*Please fax a copy of the following patient information:**

**Drug and Dosing**

|  |
| --- |
|  |
|  |
|  |

|  |
| --- |
|  |
|  |
|  |

Administer Injections/Infusions at above noted dose at frequency.

Quantity Dispense: \_\_\_\_ Refill: \_\_\_\_ times.

**Patient Information**

Date of Referral

First Name M.I. Last Name

Date of Birth

Address

City State Zip Code

Phone

Wt (kg) Ht (in)

Diagnosis

Office Contact Person

Office Contact Email or Phone Number

AL

**Infusion Care of East Alabama** [**www.infusioncare.org**](http://www.infusioncare.org) **334-521-0073**

Prescribing Provider

Address

City State Zip Code

Provider Phone

Provider Fax

Provider NPI Provider Tax ID

**Provider Signature (No Stamps)**

Date/Time

­­­­­­­­­­­­­­­­­