Infusion Center Referral Form

Big South Fork Medical
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Date:	☐ Ambulatory ☐ Wheelchair ☐ Bed
Patient Name:	Allergies:
DOB: SSN:	Weight: _____ lb _____ kg Height: _____
Pre-Auth #:	ICD -10 Code:

THERAPY STATUS	PROVIDER INFORMATION
☐ New Start ☐ Continuing Therapy Last Dose: _____ Existing IV access type IF APPLICABLE: ☐ PIV ☐ PICC ☐ Port ☐ Other: _____ Additional Info: _____ _____	Ordering Provider: Provider NPI: Provider Phone: Provider Fax: Provider Address: Tax ID Number:

BLOOD TRANSFUSION ORDER	
☐ ABO/Rh	**Type & Crossmatch**
☐ Antibody Screen	Date of Transfusion: _____ # of Units: _____
☐ Crossmatch & Transfusion ☐ Platelets ☐ Packed Red Blood Cells	**Special Attributes:** ☐ Irradiated ☐ CMV Neg ☐ Other: _____

INFUSION MEDICATION ORDER

TYPES: ☐ Iron ☐ Magnesium ☐ Potassium ☐ IV Antibiotics ☐ Electrolytes ☐ Hydration ☐ Other: _____

	DRUG	DOSE	FREQ
Initial			
Maintenance			
Other			

MEDICATIONS – ORAL (PER PROTOCOL)	PRE	POST	PRN
☐ Acetaminophen : ____650mg			
☐ Diphenhydramine: ____ 25mg ____50mg			
☐ Famotidine: ____ 20mg			
☐ Ibuprofen: ____ 400mg ____600mg			
☐ Ondansetron: ____ 4mg ____ 8mg			
☐ Other: _____			

MEDICATIONS – ORAL (PER PROTOCOL)	PRE	POST	PRN
☐ Dexamethasone: ____ 4mg ____ 8mg			
☐ Diphenhydramine: ____ 25mg ____50mg			
☐ Famotidine: ____ 20mg			
☐ Methylprednisolone: ____ 125mg			
☐ Hydrocortisone: ____ 100mg			
☐ Ondansetron: ____ 4mg ____ 8mg			
☐ Other: _____			

LAB ORDERS	OTHER REQUIRED INFORMATION
Per protocol lab results provided must be within 1-7 days. If no recent labs have been completed, complete lab order form for relevant tests. **Surveillance lab ordering and monitoring is the responsibility of the prescriber**	• History & Physical, Last Office Visit Note • Patient Demographics and Insurance Information • Medication List • Recent Lab Work

By signing below, I certify that above therapy is medically necessary and I understand substitutions for medications may be made if necessary.
Prescriber's Signature (SIGN BELOW)

☐ Dispense as Written:

_____ _____ _____
PRESCRIBER NAME PROVIDER SIGNATURE DATE