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 MEDRXINFUSION.COM

Date Medication Needed: \_\_\_\_\_

Ship to:  Patient  Prescriber  Other: \_\_\_\_\_

**Infusion Therapy**

This referral form is provided in order to best serve our patients and prescribers. Patients may choose any pharmacy of their choice.

Complete patient demographics below or otherwise provide the information requested along with this referral form. Also needed: 1) Patient insurance information (front and back of card) 2) History and physical, chart notes, laboratory results and other diagnostic tests needed to support the use of this medication 3) patient's medication history related to their current diagnosis/problem.

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ height: \_\_\_\_\_ weight: \_\_\_\_\_

Address: \_\_\_\_\_ Allergies/Intolerances: \_\_\_\_\_

Phone number(s): \_\_\_\_\_  No known allergies: \_\_\_\_\_

Treatment Diagnosis/Problem(s): \_\_\_\_\_

Prescriber name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ NPI number: \_\_\_\_\_

Prescription Information

Provide medication name, dose, route of administration, frequency, duration:

Therapy is going to be administered  physicians office  infusion suite  in patients home

Home Health care nursing is needed

Patient has never received this medication before. Please provide anaphylaxis kit (epinephrine, diphenhydramine) per MedRx and nursing policy and procedure.

Patient has an existing intravenous access device (catheter type) \_\_\_\_\_ date placed \_\_\_\_\_ and will require Home Health to maintain the intravenous catheter and MedRx to provide supplies needed including NaCl 0.9% flush and Heparin 100units/ml flush per nursing and pharmacy protocol

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*IMPORTANT NOTICE: This form may contain confidential and privileged information and is only intended only for the person named herein. If you are not the named addressee, do not disseminate, distribute or copy this form or any of its contents. Please notify the sender immediately if you have received this document by mistake, then destroy this form.*