Referral Submission Form

Please fax the completed form along with patient's insurance card and relevant clinical notes to the center fax number in the footer.

Designated Infusion Express center? ____ Overland Park ____ Lee's Summit ____ Briarcliff ____ Kirksville ____ TBD

Patient Information

Patient Name _____ DOB _____

Address _____ Email _____

City, State, Zip Code _____ Home Phone _____

Enrolled in Funded Program? ____ Yes ____ No ____ N/A Mobile Phone _____

Prescriber Information

Prescriber's Name _____ Practice Group _____

State License # _____ Address _____

NPI #_____ City, State, Zip Code _____

Contact Name _____ Phone _____

Contact Email _____ Fax _____

Insurance Information (Please fax/email insurance card if available)

Primary Payer _____ Group # _____

Subscriber Name _____ ID # _____

Secondary Payer _____ Group # _____

Subscriber Name _____ ID # _____

Diagnosis and Clinical Information

ICD Code _____ Hypersensitivity Treatment:

Description _____ ____ IVX Reaction Policy & Procedure ____ Other (If other, attach with fax)

Continuation Therapy? ____ Yes ____ No Failed Prior Treatments? ____ Yes ____ No

If Yes, PA #? _____ If Yes, Drugs _____

Allergies _____ TB/PPD Status _____ Date _____

Prescription Information

Medication _____ Quantity _____ Route of Administration: ____ IV ____ Injection

Dose/Strength _____ Length/Date Range _____

Induction? ____ Yes ____ No Premeds with Dose _____

Directions _____ _____

_____ _____

Labs (If you would like labs drawn for this patient, indicate below)

Panel: ____ CBC with Diff ____ CBC w/out Diff ____ CMP ____ Hepatic function ____ CRP ____ SED Rate ____ Other _____

Frequency: ____ With Each Dose ____ Every 8-12 Weeks ____ Every 6 Weeks ____ Other _____

Physician Signature Required

x_____ _____ Patient is interested in patient support programs

Dispense as Written Date

OVERLAND PARK | 13340 Metcalf Ave | Overland Park, KS 66213 | phone: (913) 948-2020 | fax: (844) 900-1292
LEE'S SUMMIT | NE Ralph Powell Road, Suite B | Lee's Summit, MO 64064 | phone: (816) 272-0174 | fax: (844) 900-1292
BRIARCLIFF | 1201 NW Briarcliff Pkwy, Suite 125 | Kansas City, MO 64116 | phone: (816) 256-5346 | fax: (844) 900-1292
KIRKSVILLE | 1108 E Patterson Street, Suite 10 | Kirksville, MO 63501 | phone: (660) 431-4207 | fax: (844) 293-0979