



888.717.7578



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Open 365 days a year • 8am-8pm

BY APPOINTMENT



LOCATION

Murray Tooele

REFERRAL STATUS

New Referral Order Renewal

PATIENT INFORMATION

| | | | |
|---|---|----------|---|
| PATIENT NAME: | | DOB: | SEX: <input type="checkbox"/> M: <input type="checkbox"/> F: |
| WEIGHT: | <input type="checkbox"/> LBS <input type="checkbox"/> KG | PHONE #: | |
| ALLERGIES: | | EMAIL: | |
| Please check that the following are included: | <input type="radio"/> Patient demographics and insurance attached | | <input type="radio"/> Clinical/Progress Notes, H&P, Labs, Tests, supporting DX Attached |
| | <input type="radio"/> Current Medication List | | |

DIAGNOSIS

ICD-10 CODE: K50.____ K51.____ Other: _____ Date of last infusion/injection: _____

PHYSICIAN INFORMATION

| | |
|-----------------|---------------|
| Physician Name: | Phone Number: |
| Practice Name: | Fax Number: |
| Office Contact: | |

MEDICATION ORDER

| Medication: | Dosing: | Frequency: | Notes/Comments |
|--|--|---|----------------|
| Remicade | <input type="checkbox"/> 5 mg/kg <input type="checkbox"/> 10 mg/kg <input type="checkbox"/> Other: | <input type="checkbox"/> Initial: Day 1, Week 2, Week 6 <input type="checkbox"/> Maintenance: Every 8 weeks <input type="checkbox"/> Other: | |
| Premedication: | | | |
| Physician Signature _____ Date (Order is Valid for One Year) _____ | | | |

LAB ORDERS

CMP CBC CRP ESR Other _____

Labs to be Drawn by Infusion Center Frequency: _____ Standing Order? Yes No

TYPE OF ACCESS

Peripheral PICC Midline Port Subcu I/M