Allergy/Immunology Referral Form



Fax Completed Form To:

Phone:

Preterit Nume Date of Girl: Referral Date: Address:	PATIENT INFORMATION							
Address Cult/Proce Work Proce Curr/Proce Secretary Contract: Height Weight: Male Female Patter Diagnosi & Co-1c Male Female Male Female Proces PROVE/Proce Male Female Male Female Proces PROVE/Proce Male Female Female Male	Dationt Name					Deferral Date:		
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Physician Name: Lic.t: DEA r: Practice Name: NPIR: Address: CPtyState/Zip: Office Grantat: Phone: Supervisory Physician (if applicable): PLEASE ATTACH Pattern demographics & front/back copy of all insurance cards (prescription & medical) Current medication lisk show applicable, lisk perturbent preventive results Current medication lisk show applicable, lisk operation provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Fluch Orders: Nurs Do provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Fluch Orders: Nurs Do provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Fluch Orders: Nurs Do provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Fluch Orders: Nurs Do provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Fluch Orders: Nurs Do provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Fluch Orders: Nurs Do provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Fluch Orders: Nurs Do physich dynamicmg Nminutes pointo Intician Solu-Mediral Gramp - 125mg IV a								
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Office Contact: Phone: Fac: Supervisory Physical (If applicable): PLEASE ATTACH Patient demographics & font/back copy of all insurance cards (prescription & medical) Recent office visit notes, history & physical, lab & pertinent procedure results Current medication is & list of prior medications true and failed (with dates) IGE levels (VDLAIR only) Letter of medical necessity if drug dosing or indication is outside of FDA guidelines NURSING & LAB ORDERS NURS Orders: Nac0.09% -5: 10mL flush pre and post infusion and as needed <i>Heparin</i> - 10units/mL -0R- 100units/mL -3-5mL flush after post-infusion NIS flush if indicated to maintain line Lab Orders: INTERSCRIPTION ORDERS Anaphylaxis (Rit: Epinephrine 0.3mg Ma needed Solu-Medrol 60mg - 125mg Was needed (the dati that apply) Diphenhydraminemg POminutes prior to infusion Other Supervisor assumance and guidaministration S00 in Wore 30 minutes as needed (the dati that apply) Diphenhydraminemg POminutes prior to infusion Other Supervisor infusion s00 in Wore 30 minutes as needed (the dati that apply) Diphenhydraminemg POminutes prior to infusion Other Supply offsers: All spaning bits on first access given?minutes prior to infusion Other Supply offsers: All spaning bits on first access given?minutes prior to infusion Other								
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By signing this form and utilizing our services, you are authorizing Amerita, Inc. to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.	OTHER							
	ion insurance companies.							

Prescriber's Signature **Dispense as Written**

Date

Prescriber's Signature Substitution Permitted

Print Name





