## 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:		
Home Phone:      Work Phone:      Work Phone:        Peter Regress & (CD-1)2:      Height Weight Weigh			Date of Birth:		City/Stato/7i			
Secondary Contract:      Height:      Weight:      Made      Female        Pattert Diopnois & IC-10:      Releyes:      PROV IDER INFORMATION      PROVE        Protice Rame:      IE.2:      DEA #      Protice Rame:      Releyes:        Protice Rame:      IRD      Releyes:      Releyes:      Protice Rame:      Releyes:        Address:      Protice Rame:      IRD      Formation Relevent Rele			Cell Phone <sup>.</sup>		City/State/Zi			
Pattert Daynak & (Co-10:      PROVIDER INFORMATION        Physica Name:      LCr.:      DBA r.        Practice Name:      LCr.:      DBA r.        Address:      Chy/State/Zip:      Tome        Address:      Chy/State/Zip:      Tome        Office CriteL:      Phone:      Fac:        Sperivory Physikan (if Applicable):      Fac:      Tome        Patient demographic & forth Texck copy of al Insurance cards (prescription & metalls):      Leffer of metal neessity if drug dosing or indication is outside of FDA guidelines:        Patient demographic & forth Texck copy of al Insurance cards (prescription & metalls):      Leffer of metal neessity if drug dosing or indication is outside of FDA guidelines:        Rest Office::      Nume:      VIENSING & LAB ORDERS      VIENSING & LAB ORDERS        Rush Orders::      Nume:      VIENSING & LAB ORDERS      VIENSING & LAB ORDERS        Rush Orders::      Nume:      Solut-Medro dom: 1.5.ml fush after post aftision NS flush if indicated to maintain line        Lab Order::      Lab Order::      VIENSING # LAB ORDERS      VIENSING # LAB ORDERS        Rush Orders::      Nume:      Solut-Medro dom: 1.5.ml fush after post aftision NS flush if indicated to maintain line        Lab Order::      VIENSING # LAB ORDERS				Weight:				
PROVIDER INFORMATION        Physician Rame:      LLC#.      DEA #:      Protects Name:      DEA #:      DEA #: <thdea #:<="" th="">      DEA #:      <thdea< td=""><td></td><td>10:</td><td></td><td><b>,</b></td><td></td><td></td><td></td></thdea<></thdea>		10:		<b>,</b>				
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								
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								
Partice Name:      MPIE:      Cory State Zip:      Cory State Zip:        Address:      Cory State Zip:      Fac:      State Zip:      State Zip:<	Physician Name:							
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								
PLEASE ATTACH        PLEASE ATTACH        Retent deportables & fortuback copy of all insurance cards (prescription & medical) Current medication list & list of prior medicatios title and failed (with dates)      IGE levels (XOLAR only)        Colspan="2">IGE levels (XOLAR only)        Colspan="2">Colspan="2"  Colspan="2"  Colspan="2"  Colspan="2"  Colspan="2"  Colspan="2"  Colspan="2" <th col<="" td=""><td>Address:</td><td></td><td></td><td></td><td>City/State/Zi</td><td>p:</td><td></td></th>	<td>Address:</td> <td></td> <td></td> <td></td> <td>City/State/Zi</td> <td>p:</td> <td></td>	Address:				City/State/Zi	p:	
PLEASE ATTACH        Patient demographics & front/back copy of all insurance cards (prescription & medical) Beere office visiones, history & physical, lab & perime prodeum results Current medication list & list of prior medications tried and failed (with dates)      IGE levels (XOLAIR only) Letter of medical necessity if drug dosing or indication is outside of FDA guidelines        NURSING & LAB ORDERS        Nurse Orders: Nurse to private assessment, teaching, lab draws, medication administration and vascular access device insection and/or management per physician orders.        Prevent in the order of th	Office Contact:		Phone:			Fax:		
Patient demographics & front/back copy of all insurance cards (prescription & medical) Recent office viat notes, history & physical, lab & pertinent procedure results Current medication is totel and failed (with dates)    If El evels (X01AR only) Letter of medical necessity if drug dosing or indication is outside of FDA guidelines      NURSING & LAB ORDERS      Nurse Orders: Nurse to provide assessment, teaching lab draws, medication administration and vascular access device intertion and/or management per physician orders.      Flush Orders: No(10.5% - 5-10m. flush pre and post infusion and as needed <i>Heparin</i> - 100units/mL - 3-5m. flush after post-infusion NS flush if indicated to maintain line Lab Orders:      Lab Date & Frequency:      PRESCRIPTION ONDERS      Anaphylaxis Kit:    Epinephrine 0.3mg IM as needed    Solu-cortef 250mg 500mg IV as needed    Other      Pre-Medications:    Metrol form - minutes prior to infusion    Other      Pre-Medications:    Reterminophrine    mg P0	Supervisory Physician (if	applicable):						
Recent office visit notes, history & physical, lab & pertinent proceedure venults    Interest (ADDIRCHIN)      Current medication list & listory & physical, lab & pertinent proceedure venults    NURSING & LAB ORDERS      Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physican orders.      Flush Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physican orders.      Flush Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physican orders.      Flush Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physican orders.      Flush Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physican.    Toomits/mL - 08- 100unts/mL - 08- 100unts	PLEASE ATTACH							
Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication and ininistration and vascular access device insertion and/or management per physician orders.      Hubs Orders: Nurse to provide assessment, teaching, lab draws, medication and as needed Heparin - 10units/mLOR- 100units/mL -3-5mL flush after post-infusion NS flush if indicated to maintain line Lab Orders:      Device State	Recent office visit notes, history & physical, lab & pertinent procedure results							
Hush Orders: NaCl0.9% - 5 10mL flush pre and post infusion and as needed Heppain - 10units/mL0R- 100units/mL -3-5mL flush after post-infusion NS flush if indicated to maintain line      Lab Orders:      Lab Date & Frequency:      Barbards & Frequency:      Diphenphytaxis Kit:    Epinephrine 0.3mg IM as needed Solu-cortef 250mg 500mg IW as needed Other    Solu-Medrol 60mg - 125mg IV as needed (check all that apply)      Diphenhydraminemg P0minutes prior to infusion    Other    The Medications 00m IIV over 30 minutes prior to infusion      Pre-Medication:    Acte and post infusion was as dose givenminutes prior to infusion    Other      Supply Orders: All supplier for vascular access line care, drug administration kt(s), pump, and IV pole will be provided as necessary    REFILLS      Stis is a first dose?    Yes    No If No, when was last dose given ?When is patient due for next dose?	NURSING & LAB ORDERS							
Hush Orders: NaCl0.9% - 5 10mL flush pre and post infusion and as needed Heppain - 10units/mL0R- 100units/mL -3-5mL flush after post-infusion NS flush if indicated to maintain line      Lab Orders:      Lab Date & Frequency:      Barbards & Frequency:      Diphenphytaxis Kit:    Epinephrine 0.3mg IM as needed Solu-cortef 250mg 500mg IW as needed Other    Solu-Medrol 60mg - 125mg IV as needed (check all that apply)      Diphenhydraminemg P0minutes prior to infusion    Other    The Medications 00m IIV over 30 minutes prior to infusion      Pre-Medication:    Acte and post infusion was as dose givenminutes prior to infusion    Other      Supply Orders: All supplier for vascular access line care, drug administration kt(s), pump, and IV pole will be provided as necessary    REFILLS      Stis is a first dose?    Yes    No If No, when was last dose given ?When is patient due for next dose?								
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PRESCRIPTION ORDERS      Anaphylaxis Kit:    Epinephrine 0.3mg IM as needed    Solu-ortef 250mg-500mg IV as needed    Solu-Medral 60mg-125mg IV as needed      Check all that apply    Diphenhydraminemg IV as needed    NS Hydration 500 mI IV over 30 minutes are needed    Other      Pre-Medications:    Actaminophenmg P0minutes prior to infusion    Other    Other      Supply Orders: All superliest for vacualar access line care, drug administration kit(s), pump, and IV pole will be provided as necessary    REFILLS      PRODUCT    PRESCRIPTION INFORMATION    REFILLS      Is this a first dose?    No If No, when was last dose given? When is patient due for next dose?    NONE      AfsENRA    Induction: 30mg SubQ injection every 4 weeks over 20-50 minutes								
PRESCRIPTION ORDERS      Anaphylaxis Kit:    Epinephrine 0.3mg IM as needed    Solu-cortef 250mg-500mg IV as needed    Solu-Medrol 60mg - 125mg IV as needed      Pre-Medications:    Acetaminophenmg P0minutes prior to infusion    Solu-Medrolmg IVminutes prior to infusion    Other      Supply Orders:    Acetaminophenmg P0minutes prior to infusion    Solu-Medrolmg IVminutes prior to infusion    Other      Supply Orders:    Acetaminophenmg P0minutes prior to infusion    Solu-Medrolmg IVminutes prior to infusion    Other      Supply Orders:    All that apply)    Diphenhydraminemg P0minutes prior to infusion    Other      Supply Orders:    All that apply    PRESCRIPTION INFORMATION    REFILLS      Is this a first dos?    Yes    No If No, when was last dose given?When is patient due for next dose?	Lab Orders:							
Anaphylaxis Kit:    Epinephrine 0.3mg IM as needed    Solu-cortef 250mg-500mg IV as needed    Solu-Medrol 60mg-125mg IV as needed      Check all that apply)    Diphenhydraminemg P0minutes prior to infusion    Solu-Medrolmg IVminutes prior to infusion    Other      Pre-Medications:    Acetaminophenmg P0minutes prior to infusion    Solu-Medrolmg IVminutes prior to infusion    Other      Supply Orders: All supply)    Diphenhydraminemg P0minutes prior to infusion    Other    REFILLS      Supply Orders: All supply    No If No, when was last dose given?When is patient due for next dose?	Lab Date & Frequency:							
Check all that apply      Diphenhydraminemg N as neededNS Hydration 500 ml IV over 30 minutes as needed0ther        Pre-Medications:      Acetaminophenmg P0minutes prior to infusionmg Nminutes prior to infusion prior prior prior prior priores prior priom prior prior prior prior prior priom prior prior pr	PRESCRIPTION ORDERS							
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Pre-Medications:    Acetaminophenmg P0minutes prior to infusion Solu-Medrolmg IVminutes prior to infusion Other      Supply Orders: All sapply    Diphenhydraminemg P0 Nminutes prior to infusion Other      Supply Orders: All sapply    PRESCRIPTION INFORMATION INFORMATION    REFILIS      Is this a first dose?    Vs    No If No, when was last dose given?When is patient due for next dose?							5	
Otheck all that apply)    Diphenhydraminemg POOR IVminutes prior to infusion Other      Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary    REFILLS      PRODUCT    PRESCRIPTION INFORMATION    REFILLS      Is this a first dose?    Yes    No If No, when was last dose given? When is patient due for next dose?    NONE      GINQAIR    Jang/kg IV infusion via gravityOR pump once every 4 weeks over 20-50 minutes    NONE      FASENRA    Induction: 30mg SubQ injection every 4 weeks for the first 3 doses    NONE      NUCALA    100mg SubQ injection every 4 weeks    Access    Access      XOLAIR    Induction: subQi plote every 4 weeks    Access    Access      If G    For Immunoglobulin therapy please refer to IG Order Form    Conder Form    Conder Form      OTHER    Conder Form    Conder Form    Conder Form    Conder Form								
PRODUCT      PRESCRIPTION INFORMATION      REFILLS        Is this a first dose?      Yes      No      If No, when was last dose given?When is patient due for next dose?        CINQAIR      3mg/kg IV infusion via      gravityOR      pump once every 4 weeks over 20-50 minutes	(Check all that apply)							
Is this a first dos?    Yes    No If No, when was last dose given?    When is patient due for next dose?      CINQAIR    3mg/kg IV infusion via gravityOR pump once every 4 weeks over 20-50 minutes    NONE      FASENRA    Induction: 30mg SubQ injection every 4 weeks for the first 3 doses    NONE      Maintenance: 30mg SubQ injection once every 8 weeks    100mg    SubQ injection every 4 weeks      NUCALA    100mg SubQ injection every 4 weeks	Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary							
CINQAIR    3mg/kg IV infusion via    gravityOR    pump once every 4 weeks over 20-50 minutes	PRODUCT		PRESCRIPTI	ON INFORMATIO	ON		REFILLS	
Induction: 30mg SubQ injection every 4 weeks for the first 3 doses  NONE    Maintenance: 30mg SubQ injection once every 8 weeks	Is this a first dose? Yes No If No, when was last dose given? When is patient due for next dose?							
FASENRA    Maintenance: 30mg SubQ injection once every 8 weeks	CINQAIR	3mg/kg IV infusion via gravity <b>OR</b>	- pump once every 4 v	weeks over 20-50 minutes				
FASENRA    Maintenance: 30mg SubQ injection once every 8 weeks		Induction: 30ma SubO injection every 4	weeks for the first 3 dose	25			NONE	
NUCALA  100mg SubQ injection every 4 weeks    300mg SubQ injection every 4 weeks	FASENRA	5 . , , ,						
NUCALA  300mg SubQ injection every 4 weeks    XOLAIR mg SubQ injection everyweeks    IG  For Immunoglobulin therapy please refer to IG Order Form    OTHER								
XOLAIR   mg SubQ injection everyweeks       IG    For Immunoglobulin therapy please refer to IG Order Form       OTHER	NUCALA							
IG  For Immunoglobulin therapy please refer to IG Order Form    OTHER		Souring Subd Injection every 4 weeks						
OTHER	XOLAIR	mg SubQ injection every	_weeks					
	IG	For Immunoglobulin therapy please refer to IG Order Form						
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





