

Effective: 10/2016

MPP Infusion Centers

Referral Phone: (855) 478-1528 Referral Fax: (855) 891-2191

Infusion Center of Denver	Dallas	Duncanville	Irving	Lewisville	Plano	Southlake
New Referral	Medication/ Order Change	Benefit Verification ONLY		D/C Infusions *indicate name of drug(s)		

PATIENT INFORMATION

Today's Date:

Name:

DOB:

Last 4 of SS#

Phone #

Alt. Phone #

Email

ICD- 10

PHYSICIAN INFORMATION

Referring Physician

Referring Office Patient ID #

Contact at Physician's Office

Contact Phone #

Contact Email

Physician Signature

MEDICATION REQUESTED

MEDICATION NAME

INDICATION/DIAGNOSIS

NOTES (ADDITIONAL INFO)

Fabrazyme®

Fabry's Disease

Nulojix®

Renal Transplant with Positive EBV

IVIG®- Flebogamma 10% DIF

Other (please specify in notes)

ATTACH LAB RESULTS

Requested Dosing:

Comprehensive Metabolic Panel, CBC with differential and UA within past 3 months

MEDICATION NAME

INDICATION/DIAGNOSIS

REQUIREMENTS

Xolair®

Asthma Extrinsic without S.A.

Asthma Intrinsic without S.A.

Reactive Asthma

Poorly Responsive Perennial Asthma

Patient has an EPI Pen at time of injection & knows how to use it

ATTACH LAB RESULTS FROM WITHIN PAST 12 MONTHS

Positive Skin or RAST test to a perennial allergen

Pretreatment IgE level IU/ml

MEDICATION NAME

INDICATION/DIAGNOSIS

REQUIREMENTS

Tysabri®

MS (Multiple Sclerosis)

RRMS (Remitting/Relapsing

Multiple Sclerosis)

JC Virus Antibody

Comprehensive Metabolic panel

CBC with differential

ATTACH LAB RESULTS

UA within past three months

Last infusion record (only if patient is not new)

MEDICATION NAME

REQUIREMENTS

Injectafer®

CBC with Differential, Ferritin, TSat

REFERRING OFFICE CHECK LIST

Recent Office notes (along with any therapies tried and outcomes)

Current Medication List

History and Physical Report

Infusion Orders

Lab Results

Insurance Cards (front and back)

Demographic Sheet

SCHEDULING PHONE: (303) 980-5676

APPOINTMENT DATE & TIME:

FOR OFFICE USE ONLY