

# INFUSION ORDER FORM



**Locations:** Cool Springs, Knoxville,  
Memphis, Murfreesboro, Nashville,  
Clarksville, and NW Arkansas

**Call:** 615-367-1444  
**Toll Free:** 888-665-1444  
**Fax:** 888-615-1445

## DEMOGRAPHIC INFORMATION

Last Name: _____	Home Address: _____
First Name: _____	Apt. Number: _____
SSN: _____	City: _____
Date of Birth: _____	State: _____
Parent/Guardian: _____	Zip: _____
Home Phone: _____	Height: _____
Work Phone: _____	Current Weight: _____

## INSURANCE INFORMATION (OR, FAX COPY OF INSURANCE & PRESCRIPTION CARDS)

Primary Insurer: _____	Secondary Insurer: _____
Subscriber Name: _____	Subscriber Name: _____
Policy Number: _____	Policy Number: _____
Group Number: _____	Group Number: _____
Insurer Phone: _____	Insurer Phone: _____

## DIAGNOSIS / DIAGNOSES \*\*\* ATTACH ALL SIGNIFICANT CLINICAL INFORMATION \*\*\*

<input type="checkbox"/> Primary Dx: _____	ICD-10 Code: _____
<input type="checkbox"/> Secondary Dx: _____	ICD-10 Code: _____

## PHYSICIAN INFORMATION

Physician Name: _____	Phone: _____
Office Contact: _____	Fax: _____
Physician Address: _____	Physician NPI: _____
Physician Signature: _____	Date: _____

## CURRENT AND FAILED TREATMENTS: (C=Current, F=Failed) | TB SKIN TEST: SUGGESTED ANNUALLY FOR MOST BIOLOGICS

<u>C/F</u> Drug Name and Dosage _____	Administered Date: _____	Results
_____	<input type="checkbox"/> Needs TB Skin Test	<input type="checkbox"/> Negative
_____	<input type="checkbox"/> Please Arrange	<input type="checkbox"/> Positive

## ORDERS

PLACE OF DELIVERY:  Precision Infusion  MD Office  Patient Home

DRUG NAME (Include Any Premedications)	DOSE / STRENGTH	DIRECTIONS
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Start of Care Date: \_\_\_\_\_ Refill: **One year** \_\_\_\_\_ Specify \_\_\_\_\_

\* By signing this form and utilizing our services, you are authorizing Precision and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

## LIST ANY ALLERGIES: LABS AND FREQUENCY/ ADDITIONAL ORDERS