

INJECTION 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)

<u>C/F</u> Drug Name and Dosage	_____	_____
_____	_____	_____
_____	_____	_____

TB SKIN TEST: SUGGESTED ANNUALLY FOR MOST BIOLOGICS

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