



clinically advanced infusion care

WWW.PRECISIONHC.COM

Phone: 615.367.1444 FAX: 888.615.1445

- New Referral, Restart, Medication/ Order Change (New Order Required), Benefits Verification Only, Refill / Renewal

Precision Healthcare can accept only original prescription drug orders from patients, and faxed prescriptions from the prescribing practitioners.

PATIENT INFORMATION

PHYSICIAN INFORMATION

Name, DOB, SS#, Phone #, Email

Referring Physician, Practice Address, Office Contact, Contact Phone #, Contact Fax #, NPI / TIN

FASENRA MEDICATION ORDERS

- Induction Dose, Maintenance Dose

INDICATION/DIAGNOSIS (required)

*ICD-10 Code/Description

Refills x 1 year (unless otherwise specified)
May use Precision Allergy Reaction Protocol

LAB ORDERS FOR PRECISION NURSING TO DRAW (please specify)

Orders, Frequency

NOTES (ADDITIONAL INFO OR ORDERS)

Referring Physician's Signature, Date

REQUIRED DOCUMENTATION

- Recent Office notes, Current Medication List, History and Physical Report, Lab Results, Insurance Cards, Demographic Sheet, Allergies

ATTACH REQUIRED LAB RESULTS (For New Referrals Only)

- Eosinophils

APPOINTMENT DATE AND TIME:

FOR OFFICE USE ONLY