



WWW.PRECISIONHC.COM

Phone: 615.367.1444 FAX: 888.615.1445

- Form fields for New Referral, Restart, Medication/Order Change, Benefits Verification, and Refill/Renewal.

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

PATIENT INFORMATION / PHYSICIAN INFORMATION

Form fields for Name, DOB, SS#, Phone #, Email, Referring Physician, Practice Address, Office Contact, Contact Phone #, Contact Fax #, and NPI/TIN.

INFLIXIMAB MEDICATION ORDERS

Form fields for medication selection (Remicade, Inflectra, Renflexis), patient weight, and dosing instructions (Induction, Maintenance, Other).

Form fields for INDICATION/DIAGNOSIS(required), ICD-10 Code/Description, and Premedications (Diphenhydramine, Acetaminophen, Hydrocortisone).

Form fields for May Round Dose to Nearest 100mg, Refills x 1 year, LAB ORDERS FOR PRECISION NURSING TO DRAW, and NOTES (ADDITIONAL INFO OR ORDERS).

Referring Physician's Signature and Date fields.

REQUIRED DOCUMENTATION

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

ATTACH REQUIRED LAB RESULTS (For New Referrals Only)

- Checkboxes for TB test results, Comprehensive Metabolic Panel, and CBC with differential.

APPOINTMENT DATE AND TIME: _____