



WWW.PRECISIONHC.COM

Phone: 615.367.1444 FAX: 888.615.1445

- Form fields for New Referral, Restart, Medication/ Order Change (New Order Required), Benefits Verification Only, 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

Name:
DOB:
SS#
Phone #
Email:

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

KRYSTEXXA MEDICATION ORDERS

- Dosing: 8 mg IV every 2 weeks.
Premeds: Diphenhydramine 25 mg PO, Hydrocortisone 200 mg IV, Acetaminophen 500mg PO, Diphenhydramine 25 mg IV, Other

INDICATION/DIAGNOSIS

NOTES (ADDITIONAL INFO)

*ICD-10 Code/Description:
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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)

Referring Physician's Signature Date

**Referring office must provide Uric Acid level drawn 24-72 hours prior to each infusion.

REQUIRED DOCUMENTATION

- Recent Office notes (along with any therapies tried and outcomes)
Current Medication List
History and Physical Report
Lab Results
Insurance Cards (front and back)
Demographic Sheet

ATTACH REQUIRED LAB RESULTS (For New Referrals Only)

- G6PD
Baseline Uric Acid > 6.0mg/dl
CMP (w/in past 3 months)
CBC with diff (w/in past 3 months)

APPOINTMENT DATE AND TIME:

FOR OFFICE USE ONLY