



Phone: 615.367.1444 FAX: 888.615.1445

- Form type selection: 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

Name:
DOB: SS#
Phone #
Email:

PHYSICIAN INFORMATION

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

ORDERS

Dose: Asthma 100 mg SQ once every 4 weeks
or
Dose: EGPA 300 mg SQ once every 4 weeks (given as 3 separate 100 mg injections)

INDICATION/DIAGNOSIS (required)

\*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

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