



WWW.PRECISIONHC.COM

Phone: 615.367.1444 FAX: 888.615.1445

- Form fields for referral type: 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

XOLAIR MEDICATION ORDERS

Dosing: 150mg, 225mg, 300mg, 375mg, Other

Patient Weight: kg

Frequency: SQ every 2 weeks, SQ every 4 weeks

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

INDICATION/DIAGNOSIS (required) ** For Asthma: Requirement: Patient has an unexpired EPI pen at time of injection and is competent in its use.

LAB ORDERS FOR PRECISION NURSING TO DRAW (please specify)

*ICD-10 Code/Description

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 ASTHMA Referrals Only)

- Positive Skin or RAST test to a perennial allergan, Pretreatment IgE level IU/ml

APPOINTMENT DATE AND TIME:

FOR OFFICE USE ONLY