Citrus
INFUSION & INJECTION CENTER

Referral Form

PATIENT INFORMATION:

_____ Sex: ☐ Male ☐ Female

Name (First, MI, Last)

_____ _____

Date of Birth (MM/DD/YYYY) Email

_____ _____

Mobile Phone Number Alternative Phone Number (if available)

_____

Street Address

_____ _____ _____

City State Zip Code

INSURANCE INFORMATION:

☐ **Check if Patient does not have insurance**

☐ **Attach a copy of both sides of patient's <u>MEDICAL</u> insurance and <u>PRESCRIPTION</u> insurance cards.**

_____ _____

Primary Insurance Provider Policy Number

_____

Policyholder Name (First, MI, Last) if other than the patient

_____ _____

Policyholder Date of Birth (MM/DD/YYYY) Insurance Phone Number

_____ _____

Secondary Insurance Provider Policy Number

_____

Policyholder Name (First, MI, Last) if other than the patient

_____ _____

Policyholder Date of Birth (MM/DD/YYYY) Insurance Phone Number

_____ _____

Pharmacy Insurance Provider Policy Number

_____

Policyholder Name (First, MI, Last) if other than the patient

_____ _____

Policyholder Date of Birth (MM/DD/YYYY) Insurance Phone Number

Citrus
INFUSION & INJECTION CENTER

REFERRING PRESCRIBER INFORMATION:

Referring Prescriber Name (First, MI, Last) _____ NPI# _____

Prescriber's Email Adress (to send confirmation of patient treatment) _____ Direct Phone Number _____ Direct Ext. _____

Office/Clinic/Institution Name _____ Specialty _____

Office Phone Number _____ Office Fax Number _____

Street Address _____

City _____ State _____ Zip Code _____

Your Name _____ Your Direct Contact # _____ Your Direct Ext.# _____

Your Email Address (to send confirmation of patient treatment) _____ Your Fax Number (if different from Office Fax Number) _____

Patient Name (First, MI, Last) _____ Date of Birth (MM/DD/YYYY) _____

Medication Order: _____

Primary Diagnosis: _____ **CPT Code**_____

Secondary Diagnosis _____ **CPT Code** _____

Therapy Dosing:

SIGN HERE

Prescriber Signature* ("Dispense As Written" / Brand Medically Necessary / Do Not Substitute / No Substitution / DAW / May Not Substitute)

Date* (MM/DD/YYYY)