

INFUSION ONLY REFERRAL / ORDER FORM

NPI # 1467406736 TIN # 56-2179043



DEMOGRAPHICS

Patient's Name: _____ DOB: ____/____/____

Address: _____

City/State Zip: _____ Best # to reach: _____

INSURANCE & PATIENT RECORDS

Please Fax a copy of the patient's Demos, Insurance card (front & back), Current Lab results, H&P, and Current meds along with this signed order form. Often this information is needed in order to get authorization.

ORDERS

Diagnosis/ICD-10 Code(s): _____

Allergies: NKA List _____

Weight: _____ lbs/kg Height: _____

IV Access: Implanted port PICC line PIV

Labs: CBC CMP (Labs run in-house)

MEDICATION*	DOSE & FREQUENCY

Date of last dose given: _____

* PLEASE NOTE: Biosimilars will be used if available.

Special Instructions: _____

Which Office To Receive Infusion- Oncology Specialists of Charlotte

CHARLOTTE-CENTRAL: 2630 E.7th Street, Suite 210 ▪ Charlotte, NC 28204

CHARLOTTE-SOUTH: 7108 Pineville-Matthews Rd, Suite 102 ▪ Charlotte, NC 28226

ORDERING PROVIDER

Provider's Name: _____ Office: _____

Contact Person: _____ Phone: _____ Fax: _____

▶ Provider's Signature: _____ Date: _____

FAX FORM TO: 704.377.0353

If you have any questions, call us at 704.342.9577