



WWW.CURBSIDEINFUSION.COM

PH: 877-428-7248 fax: 877-428-1627

- Checkboxes for New Referral, Restart, Medication/ Order Change, Benefits Verification, D/C Infusions

Vasco Infusion can accept only original prescription drug orders from patients, and faxed prescriptions from the prescribing practitioners.

PATIENT INFORMATION / PHYSICIAN INFORMATION

Name, Date, Referring Physician, Practice Address, Phone #, Email, Office Contact, Contact Phone #, Contact Fax #, NPI / DEA#

REMICADE MEDICATION ORDERS

Patient Weight, Initial/Reload Dosing, Maintenance Dosing, Premeds: Benadryl, APAP, Famotidine (IV), Hydrocortisone, Quzyttir 10mg IVSP over 1-2 min

INDICATION/DIAGNOSIS

NOTES (ADDITIONAL INFO)

- Checkboxes for Crohn's Disease, Rheumatoid Arthritis, Psoriatic Arthritis, Plaque Psoriasis, Ankylosing Spondylitis, Ulcerative Colitis, Other

*ICD-10 required

Referring Physician's Signature, Date

REQUIRED DOCUMENTATION

- Checkboxes for Recent Office notes, Lab Results, Insurance Cards, Demographic Sheet, Current Medication List, History and Physical Report

ATTACH REQUIRED LAB RESULTS

- Checkboxes for HepB Surf Ag, HepB Core Ab, PPD Results, Rheumatoid Factor, Chest X-ray, Comprehensive Metabolic Panel, TB test

APPOINTMENT DATE & TIME: FOR OFFICE USE ONLY