



WWW.CURBSIDEINFUSION.COM

Phone: 281-406-1046 Fax: 281-406-1047

- Form fields for New Referral, Restart, Medication/ Order Change, Benefits Verification, and 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, Refills

INDICATION/DIAGNOSIS

NOTES (ADDITIONAL INFO)

- Crohn's Disease, Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis, Other

*ICD-10 required

Referring Physician's Signature, Date

REQUIRED DOCUMENTATION

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

ATTACH REQUIRED LAB RESULTS

- 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