Outside Infusion Order Form

ALL required documentation must be received no later than 10 business days from the date the form was submitted. If the appropriate documentation is not obtained and/or incomplete, Highlands will be unable to process your request.

PATIENT INFORMATION

Patient Name: *DOB:* *Patients Phone:*

Patients Address:

☐ *NKDA* Allergies: *Weight (lbs/kg):* *Height:*

Diagnosis: *ICD Code (required):*

PRESCRIPTION ORDER *(Not the patient's entire medication list)*

Medication: *Route:*

Dose: *Frequency:*

☐ *New Drug* ☐ *Continuation of Care* - **Last Treatment Date**:

☐ **DO NOT SUBSTITUTE**

PREMEDICATIONS with dose (excluding iron infusions)

☐ *IV diphenhydramine (Benadryl)* _____
☐ *IV famotidine (Pepcid)* _____
☐ *IV methylprednisolone* _____
☐ *IV ondansetron (Zofran)* _____

☐ *PO diphenhydramine (Benadryl)* _____
☐ *PO acetaminophen (Tylenol)* _____
☐ *PO ondansetron (Zofran)* _____

Additional Notes: _____

All iron infusions will be pre-medicated per the Highlands Oncology Iron Protocol

All patients will be treated for reactions per Highlands Oncology Reaction Protocol as needed

Provider Name (Print) *NPI:*

Provider Signature: **Date:**

Phone: *Fax:*

Practice Address:

In addition to this form, please fax the following REQUIRED documentation to 1 (844) 521.0047 or via email to outsideinfusions@hogonc.com: For questions, please contact us at 479.587.1700

- *Patient Demographics*
- *Insurance card/information*
- *Most Recent Clinical Notes (supporting diagnosis and no older than 12 months)*
- *Recent Drug Required Pre-Infusion Lab Results*