



option care health®

INFUSION CLINIC PRESCRIBER ORDER FORM: TEXAS

Clinical Hours of Operation Vary by Location Intake team available Mon-Fri 7:30am-6pm		883.850.0314	713.983.4647
REFERRAL STATUS		TEXAS LOCATION	
☐ New Referral ☐ Order Renewal		☐ Dallas ☐ Fort Worth ☐ Plano	
PATIENT INFORMATION			
PATIENT NAME:		DOB:	GENDER:
WEIGHT: ☐ LBS ☐ KG		PHONE NUMBER:	
ALLERGIES:		EMAIL:	
Please check that the following are included:	☐ Patient demographics and insurance attached		☐ Clinical/Progress Notes, H&P, Labs, Tests, supporting DX Attached
	☐ Current Medication List:		
DIAGNOSIS			
ICD-10 CODE:		OTHER:	DATE OF LAST INFUSION/INJECTION:
PHYSICIAN INFORMATION			
PHYSICIAN NAME:		PHONE NUMBER:	
PRACTICE NAME:		FAX NUMBER:	
OFFICE CONTACT:			
MEDICATION ORDER			
MEDICATION:	DOSING:	FREQUENCY:	NOTES/COMMENTS:
PHYSICIAN SIGNATURE _____			DATE (Order is Valid for One Year) _____
LAB ORDERS			
☐ CMP	☐ CBC	☐ CRP	☐ ESR
☐ Labs to be Drawn by Infusion Center		Frequency _____	Standing Order? ☐ Yes ☐ No
TYPES OF ACCESS			
☐ Peripheral	☐ PICC	☐ Midline	☐ Port
☐ Subcutaneous		☐ Intramuscular	