

American River Infusion:
3855 North Freeway Boulevard, Suite 110,
Sacramento, CA 95834

Gastroenterology Referral



Ph 916-239-7900 Fax: 916-239-7800

PATIENT INFO

PLEASE ATTACH: DEMOGRAPHICS - COPY OF INSURANCE CARD(S) - PROGRESS NOTES - LABS

Patient Name:

DOB:

CLINICAL INFO

Wt: _____ Height: _____ Allergies: _____ Diabetes (Y/N) ____

State any previous IV therapy drug _____ Last infusion date _____

Line type: PIV Port Other

DIAGNOSIS

ICD 10 Code _____ Description _____

ICD 10 Code _____ Description _____

PRESCRIPTION

Product _____

Dose _____ Frequency _____

Maintenance Dose _____ Frequency _____ Refills _____

Product _____

Dose _____ Frequency _____

Maintenance Dose _____ Frequency _____ Refills _____

Lab orders:

Flushes Per pharmacy protocol

Pre Meds: Diphenhydramine _____ mg PO IV APAP (Tylenol) _____ Mg PO

Other _____

Utilize acute infusion reaction pharmacy protocol Or give:

Signing this from and utilizing our services, you are authorizing Home infusion Group, Inc and its's employees to serve as your authorization designated agent for medical and prescription insurance companies

Prescriber Signature _____

Date _____

Name: _____

Address _____

City State Zip _____

DEA# _____

License# _____

NPI# _____

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