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INFUSION/INJECTION REFERRAL FORM

Currently offering therapies for the treatment of Multiple Sclerosis, Headache/Migraines, Neuromuscular Disorders, Autoimmune Diseases. We also offer Botox injection for treatment of chronic migraine. Hydration as well as anti-emetic therapies are also available.

General Patient Information

Date of request _____
Patient Name _____ DOB: _____ Age: _____
Patient Primary Phone Number: _____ Patient SS# _____
Gender: Male / Female Height: _____ Weight: _____
Patient Address: _____
Primary Insurance: _____ Policy ID#: _____
Secondary Insurance: _____ Policy ID#: _____
Prior Authorization #: _____

Request for Treatment

Treatment Requested: TYSABRI/SOLU MEDROL /DEPAACON/BOTOX/OTHER _____
Diagnosis: _____
Dosage: _____
Directions and Infusion Rate: _____

Patient History

Past Medical History: _____

Current Medications: _____

Allergies: _____

Special Needs: _____

Ordering Physician Contact Information

Referring Physician: _____ Signature: _____
Phone Number: _____ Fax Number: _____
Appointment Date: _____ Time: _____

