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**LOUIS H.  
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INFUSION THERAPY

# Fax

<b>To:</b>	<b>From:</b>		
<b>Fax:</b>	<b>Pages:</b>		
<b>Phone:</b>	<b>Date:</b>		
<input type="checkbox"/> Urgent	<input type="checkbox"/> For Review	<input type="checkbox"/> Please Comment	<input type="checkbox"/> Please Reply

Please include the following documentation with your referral request:

- Signed, completed Order Set** (including ICD-10 code, all fields complete). *Note: If Hypersensitivity Reaction Management Protocol has been provided for your reference, it does not need to be signed or returned.*
- Demographic information
- Copy of insurance card(s)
- Documentation supporting medical necessity of treatment, including:
  - Most recent office visit note/H&P
  - Current medications, drug allergies and problem list (if not included in office note)
  - Progress notes and/or other records discussing clinical indications/decision to treat, i.e.:
    - Clinical signs/symptoms necessitating treatment and/or patient response to current treatment
  - Previous treatments/medications tried and failed
  - Pertinent diagnostic testing results supporting diagnosis/treatment (MRI, EMG, JCV antibody, LP, tuberculosis and/or hepatitis B screening, etc.)

Our office will obtain insurance authorization if required and contact the patient to schedule.

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