



COMPOUNDING
 INFUSION
 MEDICAL SUPPLIES
 SPECIALTY MEDICATIONS

655 Dearborn Park Lane
 Worthington OH 43085
 Phone: 614.847.6007
 Fax: 614.847.6015
 Toll Free Fax: 877.613.5050

Radicava Infusion Referral

PATIENT DEMOGRAPHICS:

Patient Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Address:	SSN:	
City State Zip:	Phone:	

INSURANCE INFORMATION:

Primary Insurance:	Secondary Insurance:		
Subscriber:	Subscriber:		
Policy #:	Group #:	Policy #:	Group #:

DIAGNOSIS:

1:	ICD 10 code:	
2:	ICD 10 code:	
Allergies: <input type="checkbox"/> NKDA	Height: <input type="checkbox"/> in <input type="checkbox"/> cm	Weight: <input type="checkbox"/> Kg <input type="checkbox"/> lb

ORDERS:

MEDICATION:

<input type="checkbox"/> Starter Dose: Radicava 60mg/200ml, 60 min infusion for 14 consecutive days, followed by cessation for 14 days.	
<input type="checkbox"/> Maintenance: Radicava 60mg/200ml, 60 min infusion for any 10 of 14 days, followed by cessation for 14 days.	
<input type="checkbox"/> Epinephrine 0.3mg subcut if necessary for severe reaction. May repeat one time.	
Refills: _____	
Route Of Administration:	Flush per protocol:
<input type="checkbox"/> Peripheral	<input type="checkbox"/> Peripheral: Hep-lock 30-50units IV after infusion & Sodium Chloride 3-5ml flush before and after infusion and prn
<input type="checkbox"/> PICC	<input type="checkbox"/> PICC: Hep-lock 50units IV after infusion & Sodium Chloride 10ml flush before and after infusion and prn
<input type="checkbox"/> Port	<input type="checkbox"/> Port: Hep-lock 500units IV after infusion & Sodium Chloride 10ml flush before and after infusion and prn
Complications/Adverse reactions will be reported to physician by HHA , SBH Medical, patient or caregiver	

PHYSICIAN INFORMATION SIGNATURE:

Physician Signature	Date
Physician Name:	Phone #:
Address:	Fax #:
City State Zip:	NPI #:
Office Contact:	DEA#: