



WWW.VASCOINFUSION.COM  
 PH: 602-346-0204 FAX: 877-637-6691

- New Referral   
  Restart   
  Medication/ Order Change (New Order Required)   
  Benefits Verification Only   
  D/C Infusions \*indicate name of drug(s)

*Vasco Infusion can accept only original prescription drug orders from patients, and faxed prescriptions from the prescribing practitioners.*

**PATIENT INFORMATION**

**PHYSICIAN INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_

Referring Physician: \_\_\_\_\_  
 Practice Address: \_\_\_\_\_  
 Office Contact: \_\_\_\_\_  
 Contact Phone # \_\_\_\_\_ Contact Fax # \_\_\_\_\_  
 NPI / TIN: \_\_\_\_\_

**PROCRIT MEDICATION ORDERS**

Patient Weight: \_\_\_\_\_ kg    Dosing: \_\_\_\_\_ units/kg \_\_\_\_\_ times weekly  
 \_\_\_\_\_ units \_\_\_\_\_ times weekly   
  IV     SQ    Refills: \_\_\_\_\_

**INDICATION/DIAGNOSIS**

**NOTES (ADDITIONAL INFO)**

- Anemia due to CKD
- Anemia due to zidovudine in HIV infected patients
- Anemia due to concomitant myelosuppressive chemotherapy
- Reduction of allogeneic RBC transfusions
- Other \_\_\_\_\_

**\*ICD-10 \_\_\_\_\_ required**

\_\_\_\_\_  
 Referring Physician's Signature                      Date

**REQUIRED DOCUMENTATION**

- Recent Office notes (along with any therapies tried and outcomes)   
  Current Medication List     History and Physical Report
- Lab Results     Insurance Cards (front and back)     Demographic Sheet

**ATTACH REQUIRED LAB RESULTS (FOR NEW REFERRALS ONLY)**

- BP                       Ferritin levels
- Comprehensive Metabolic Panel, CBC with differential w/in past 3 months

**APPOINTMENT DATE & TIME:** \_\_\_\_\_

**FOR OFFICE USE ONLY**