



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: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Practice Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Office Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Contact Fax # \_\_\_\_\_

NPI / TIN: \_\_\_\_\_

**EPOGEN MEDICATION ORDERS**

Patient Weight: \_\_\_\_\_ kg    Dosing: \_\_\_\_\_ units/kg \_\_\_\_\_ times weekly  
 \_\_\_\_\_ units \_\_\_\_\_ times weekly

- IV  
 SQ

**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**