



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

- Form checkboxes for New Referral, Restart, Medication/ Order Change (New Order Required), Benefits Verification Only, and 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

Name:
DOB: SS#
Phone #
Email:

PHYSICIAN INFORMATION

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

NUCALA MEDICATION ORDERS

Dose: 100mg 40mg (ages 6 to 11)
Frequency: Once every 4 weeks

INDICATION/DIAGNOSIS

NOTES (ADDITIONAL INFO)

- ICD-10 checkboxes for J45.50 Severe persistent asthma, uncomplicated; J45.51 Severe persistent asthma with acute exacerbation; J45.52 Severe persistent asthma with status asthmaticus; and Other.

*ICD-10 required

Referring Physician's Signature

Date

REQUIRED DOCUMENTATION

- Documentation checkboxes: Recent Office notes, Current Medication List, History and Physical Report (w/in past 6 months), Lab Results, Insurance Cards, Demographic Sheet.

ATTACH REQUIRED LAB RESULTS (FOR NEW REFERRALS ONLY)

Eosinophils

APPOINTMENT DATE & TIME: