



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: \_\_\_\_\_

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

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

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

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

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

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

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

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

**VYEPTI MEDICATION ORDERS**

**Dosing:**  100mg  300mg  
Other: \_\_\_\_\_

**Frequency:**  IV every 3 months

**NOTES (ADDITIONAL INFO)**

**\*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

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

**FOR OFFICE USE ONLY**