

Referral Form

DIXIE INFUSION PHARMACY,
 DBA Dixie Vital Care
 311 Landrum Pl. Suite 600
 Clarksville, TN 37043 - 6319
 Tel: 931-241-5655
 Fax: 931-241-5654

Patient Information

Last Name	First Name	SSN	DOB
Home Address	City	State	Zip
Home Phone	Work Phone	Parent/Guardian	
Shipping Address	City	State	Zip
Other Pertinent Information			

Pharmacy Insurance Information

Primary Insurance:	Rx Bin:	Secondary Insurance:	Rx Bin:
ID Number:	Group Number:	ID Number:	Group Number:

Physician Information

Prescriber Name:	Licence:	DEA:	Office Contact:		
Address:	City:	State:	Zip:	Phone:	Fax:

Diagnoses Information

Primary Dx:	ICD-9:	Secondary Dx:	ICD-9:
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Medications (You may tape Prescription here prior to faxing)

Medication	Strength	Directions	Quantity	Refills

Delivery Information

Today's Date:	Date & Time Needed:	Deliver to: <input type="checkbox"/> Patient's Home <input type="checkbox"/> MD Office/Clinic <input type="checkbox"/> Patient's Work <input type="checkbox"/> Other:
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Prescriber Information

Physician: _____
 Contact Name: _____ Phone #: _____ Fax #: _____ NPI #: _____
 Office Address: _____ City: _____ State: _____ Zip: _____
 I authorize Dixie Vital Care and its representatives to act as an agent to initiate and execute the insurance prior authorization process.
 Physician's Signature: _____ DEA #: _____ Date: _____