

Infusion Order Form



DIXIE VITAL CARE
Infusion Services

Locations: Nashville,
Clarksville, Bowling Green

Call: 931-241-5655
Toll Free: 888-590-5567
Fax: 931-241-5654

Name (Last, First, Middle): _____
Patient ID No: _____ SSN: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
D.O.B.: _____ Age: _____ Sex (M/F): _____ Emergency Contact: _____
Emergency Contact Relation: _____ Contact Telephone Number: _____

MEDICAL/THERAPY INFORMATION:

Diagnosis: _____ ICD-10 Code: _____
Therapy: _____ Height: _____ Weight: _____
Allergies: _____ Catheter Type: _____
Lab Tests: _____ Pump/Equipment: _____

Referral Source/Contact: _____ Phone: _____

PHYSICIAN INFORMATION:

Name: _____ NPI# _____
Address: _____
Phone: _____ Fax: _____

PAYER INFORMATION:

Primary Insurer: _____	Secondary Insurer: _____
Subscriber Name: _____	Subscriber Name: _____
Policy Number: _____	Policy Number: _____
Group Number: _____	Group Number: _____
BIN: _____ D.O.B.: _____	BIN: _____ D.O.B.: _____
Effective Date: _____	Effective Date: _____

CURRENT AND FAILED TREATMENTS (C=Current, F=Failed; please circle one):

C / F	
C / F	
C / F	

ORDERS:

Drug Name (include any pre-medications)	Dose/Strength	Directions

Attach all official orders and office notes (History and Physical)