

PATIENT REFERRAL FORM

Patient Name: _____ Pt. DOB: ____/____/____
Last First Middle

Patient Address: _____

Patient City: _____ Pt. State: _____ Pt. Zip: _____

Patient Phone: (____) _____ - _____ Pt. Height: _____ in.

DX: _____ Pt. Weight: _____ lbs.

Insurance: _____ ID#: _____

Referred by: _____ NPI#: _____

Office Contact (Required): _____ Office Ph: (____) _____ - _____

Office Fax: (____) _____ - _____

RCCA CJD scheduling location request:

- East Brunswick Edison Monroe Somerset Somerville

Required Items/Infusion Process:

- Valid/signed prescription including name of medication, exact dosage, and directions
(prescription only valid for 12 months, including refills)**
- Copy of current insurance card
- Recent MD consultation notes: relevant disease being treated must be mentioned in report
- Allergies and current medication list
- Current labs required for specific medication, as noted on page 2 of this form

Has the patient initiated treatment at your office? Yes No

Please note:

1. A Letter of Medical Necessity may be required. If required, you will be contacted by RCCA CJD (letter must include diagnosis, previous treatments and be on letterhead with physician signature).
2. **Benefit investigations, copay assistance and prior authorizations will be handled by the RCCA precert staff if required by the payer.** Detailed clinical notes providing supportive documentation are required for authorization requests which may take 3-5 business days depending on the payer. The precert staff will update the referring doctor's office during this process and contact the patient to discuss cost and financial assistance options.
3. A pretreatment education session will be provided by an Advanced Practice Provider.
4. Once the infusion is complete, a follow-up notice will be faxed to the to the referring provider.

Patient Name: _____
Last First Middle

DOB: ____/____/____

Please check the box for medication requested, attach required documentation as noted below, and fax all documents to our office at 844.683.2244. Once all documentation is received, we will contact your patient to schedule an appointment. Thank you!

Medication Required Current Lab Results

Note: All Labs Must be Completed Within the Previous 6 Months

- Boniva Baseline Dental Exam, CMP, Dexa Scan within 2 years
- Cimzia CBC, Hepatitis Panel, PPD
- Cinqair Peak Flow and Other Pulmonary Function Tests
- Evenity CMP, Dexa Scan within 2 years
 Confirm pt. has not had an MI or stroke within previous year
- Fasenra Peak Flow and Other Pulmonary Function Tests
- Inflectra CBC, Hepatitis Panel, Liver Function, PPD
- IV Iron* Reticulocyte Count, Serum Iron, TIBC, Transferrin Saturation
*Feraheme, Ferrlecit, Infed, Injectafer, Verofer
- Nucala FEV1, Peak Flow and Other Pulmonary Function Tests
- Nulojix CBC, EBV Serology, Magnesium, Operative Report, Potassium, PPD
- Prolastin Alpha 1 Proteinase Inhibitor Serum Levels and Lung Function
 IgA antibodies negative for patient with IgA deficiency
- Prolia Baseline Dental Exam, CMP, Dexa Scan within 2 years
- Reclast Baseline Dental Exam, CMP, Dexa Scan within 2 years
- Remicade CBC, Hepatitis Panel, Liver Function, PPD
- Stelara CBC, PPD
- Xolair Baseline Serum Ige, FEV1, Peak Flow, Other Pulmonary Function Test
(all required for asthma indication only)