

1043 Elm Ave, #104
Long Beach, CA 90813
562- 590-0345; Fax: 562-264-4261

222 W. Eulalia Street, #100-B
Glendale, CA 91204
818-637-7611; Fax: 818-637-5106

3747 Worsham Ave, #101
Long Beach, CA 90808
562-430-5900; Fax: 562-799-8379

19582 Beach Blvd, #212
Huntington Beach, CA 92648
714-252-9415; Fax: 714-963-8014

163 Sand Canyon Ave, #207
Irvine, CA 92618
949-333-7580; Fax: 949-999-1400

351 Hospital Road, #610
Newport Beach, CA 92663
949- 999-1400; Fax: 949-478-8185

INFUSION ORDER CHECKLIST

Dear Doctor & Staff,

The information in this check list will make it easier for you, the patient, and us to quickly and efficiently deliver the therapy ordered.

- Patient demographics, contact information and Insurance information.
- Diagnosis that justifies the ordered therapy.
- Pertinent medical records including laboratory or test results when applicable.
- Treatment order or prescription with drug name, dose, frequency of administration, and number of treatments ordered; please include patient's weight when applicable.
- Write any lab tests required (such as CBC, CMP, CRP, Hepatitis B screen, or others) and we will be happy to draw them and fax results to the ordering doctor.
- Any special requests or comments such as the time frame when you want the therapy to start.
- AUTHORIZATIONS:** WE CAN TAKE CARE OF THIS FOR YOU AND THE PATIENT! If the treatment is not yet authorized, we will be happy to obtain the authorization for you. We will rewrite the treatment order so it has all the components needed for prompt authorization; we will fax the rewritten order for the ordering doctor to review and co-sign so it can be faxed back to us. If the treatment is not authorized, we will let you know (a common reason is that the treatment is not covered for the diagnosis provided).