



**CAPITAL
DIGESTIVE
CARE**SM

First in Digestive Health

Infusion Services

Patient Referral Form

www.capitaldigestivecare.com/infusion

Please complete the form below and submit with your patient's most recent labs, most recent office notes, and insurance card (s). Patients will be scheduled with a member of our Infusion provider team for a consultation within 1 week of receiving the full referral package described above. Please return this form and any associated documents to our secure email address **Infusion@capitaldigestivecare.com** where one of our Infusion Navigators will be more than happy to assist your patient.

Patient Demographics	Medication Orders
Patient Name: _____ Date of Birth: _____ Primary Phone Number: _____ Alternate Phone Number: _____ Email: _____	<div>Avsola* Entyvio Inflectra* Omvoh IV Remicade* Renflexis* Skyrizi IV Tremfya IV</div> <p><i>*Any infliximab product as required by the patient's health plan (Remicade, Avsola, Inflectra, Renflexis)</i></p> Medication Name, Dosing and Interval: _____ Administration: _____ New Start (Y/N): _____ Condition(s) Being Treated and ICD-10 Code: _____ Premedication Request: _____ <i>If an infusion reaction occurs, the on-call physician will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.</i>
Infusion Referral Checklist <input type="checkbox"/> This signed order form by the prescriber. <input type="checkbox"/> Clinical/progress notes. <input type="checkbox"/> Patient demographics AND insurance information. <input type="checkbox"/> Labs and tests supporting primary diagnosis. <input type="checkbox"/> Hepatitis B test results: HBsAg, HBsAb, w/ reflex HB Core w/IgG and IgM. <input type="checkbox"/> TB test results. <input type="checkbox"/> List of tried and failed therapies, including duration of treatment: 1) _____ 2) _____ 3) _____ Prescriber Signature: _____	Prescriber Information Prescriber Name: _____ NPI Number: _____ Phone Number: _____ Fax Number: _____ Office Contact Name: _____ Office Email: _____