



ATRIUM HEALTH INFUSION CENTERS

Referral Form

(Sections A-D MUST BE COMPLETED, Submit with Medication Order)

FAX TO 704-468-3401

See page 2 for a complete list of medications offered by each location

PATIENT INFORMATION (A)	
Name:	DOB:
Phone:	Date of Referral:
Allergies:	

INFUSION SITE PREFERENCE (B)	
<input type="checkbox"/> AH Infusion Center - Concord	<input type="checkbox"/> AH Infusion Center - Pineville
<input type="checkbox"/> AH Infusion Center - Kenilworth	<input type="checkbox"/> AH Infusion Center - SouthPark

DIAGNOSIS and ICD-10 CODE (C)	
Diagnosis:	ICD-10:

REFERRAL STATUS (Circle) (D)			
New Referral	Dose/Frequency/ Other Changes	Order Renewal	DISCONTINUE TREATMENT Medication: _____
Fill out this form completely before faxing	STOP HERE Attach Order and Fax	STOP HERE Attach Order and Fax	STOP HERE AND FAX

REQUIRED DOCUMENTATION	
<input type="checkbox"/> This referral form completed	Medical records for Non-Atrium referrals including: <input type="checkbox"/> Demographics and Insurance <input type="checkbox"/> Clinic notes supporting diagnosis <input type="checkbox"/> Labs and Test supporting diagnosis
<input type="checkbox"/> Medication Specific Order Form	
<input type="checkbox"/> Failed Medications:	
<input type="checkbox"/> Contraindicated Medications:	

REFERRING OFFICE INFORMATION	
Prescriber Name:	Prescriber NPI:
Prescriber License:	Prescriber DEA:
Prescriber Tax ID:	Office Contact Name (First and Last):
(REQUIRED) Direct Office Phone:	Referral will be declined without valid contact numbers
Referring Office Name:	Office Address:
Office Phone #:	Office Fax #:

Medication Name	Concord	Kenilworth	Pineville	SouthPark
Actemra (tocilizumab) IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benlysta (belimumab) IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boniva (ibandronate) IVP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cimzia (certolizumab) SC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinqair (reslizumab) IV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuvitru		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytosan (cyclophosphamide) IV		<input type="checkbox"/>		<input type="checkbox"/>
Dihydroergotamine IVP		<input type="checkbox"/>		
Entyvio (vedolizumab) IV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenity (romosozumab-aqqg) SC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fasenra SC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hyqvia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ilaris (canakinumab) SC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INFeD (iron dextran) IV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflectra (infliximab - dyyb) IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injectafer (ferric carboxymaltose) IV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IVIg:				
Privigen		<input type="checkbox"/>		<input type="checkbox"/>
Gammagard		<input type="checkbox"/>		<input type="checkbox"/>
Gammagard S/D		<input type="checkbox"/>		<input type="checkbox"/>
Gamunex		<input type="checkbox"/>		<input type="checkbox"/>
Krystexxa (pegloticase) IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnesium Sulfate IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migraine Cocktail:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenergan, Decadron, Toradol, Benadryl				
Nucala (mepolizumab) SC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ocrevus (ocrelizumab) IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orencia (abatacept) IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prolia (denosumab) SC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reclast (zoledronic acid) IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remicade (infliximab) IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rituxan (rituximab) IV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simponi Aria (golimumab) IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soliris (eculizumab) IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SoluMedrol (methylprednisolone) IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stelara (ustekinumab) IV and SC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tepezza		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tysabri (natalizumab) IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valproic Acid IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Venofer (iron sucrose)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vyepti		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xolair (omalizumab) SC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zometa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Tests and Services				
Port Flush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DepoMedrol Injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cortrosyn Stimulation Test	<input type="checkbox"/>			<input type="checkbox"/>
Glucagon Stimulation Test	<input type="checkbox"/>			<input type="checkbox"/>
Saline Suppression Test	<input type="checkbox"/>			<input type="checkbox"/>

Medications/Tests in red are typically high priority