



MONTGOMERY
CANCER CENTER

A BAPTIST MEDICAL CENTER SOUTH FACILITY

INFUSION ORDERS

MISCELLANEOUS Infusion Order

PATIENT INFORMATION

Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS

New Referral
 Dose or Frequency Change
 Order Renewal

INFUSION OFFICE PREFERENCE (Optional)

Preferred Location:
 Montgomery
 Prattville

DIAGNOSIS AND ICD 10 CODE

Diagnosis:	ICD-10 Code:
Diagnosis:	ICD-10 Code:
Diagnosis:	ICD-10 Code:

REQUIRED DOCUMENTATION/TESTING

<input type="checkbox"/> This signed order form by the provider <input type="checkbox"/> Patient demographics AND insurance information	<input type="checkbox"/> Clinical/Progress notes supporting primary diagnosis <input type="checkbox"/> Labs and Tests supporting primary diagnosis
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MEDICATION ORDERS

Indicate medication name, dose, route and frequency:

Refills:
 None
 x 6 months
 x 1 year
 Other:

- New orders and progress notes required at least once yearly. A medication substitution may be required based on insurance payer policy due to preferred versus non-preferred medications or based on payer step therapy guidelines.
- Please note: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication.

PROVIDER INFORMATION

Office Contact Name:			
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
Physician Signature:	Date:		

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000

Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207