NORTH TEXAS INFUSION CENTERS

Generic Infusion Order Form

Please include the following (required):
1. Patient Demographics & Insurance Information
2. Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (ICD-10)

_____ _____
Patient Name **DOB**

_____ _____ _____
Allergies **Weight** **Patient Phone**

Primary Diagnosis
☐ **Diagnosis and** ICD-10 Code _____
Secondary Diagnosis
☐ **Diagnosis and** ICD-10 Code _____

Prescription Orders:

Medication & Instructions: _____

_____

Premeds: _____

Refills: ☐ 12 months or ☐ for _____ infusions

☐ **I authorize NTIDC to use their protocol for reactions in the office.**

_____
Provider Name **Phone** **Fax**

_____
Provider's signature **Date**

Fax completed form to (214) 887-0436. For insurance questions call (214) 276-5642.
For any other questions please call (469) 480-9649.
Or visit us online at www.ntinfusioncenters.com