

Arthritis Center Infusion Referral

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Patient Demographics:

Name: _____

DOB: _____ Phone: _____

If you chart in Epic, we can pull labs and clinical information.

If not, please send the patient's last office visit and labs.

Referring Physician's Name: _____

Office Phone: _____ Office Fax: _____

Infusion Drug Name: _____

Dosing: _____ Frequency: _____

Dr. Baak's team will do all the benefit investigation, prior authorization and communicate any cost share to your patient. We will also enroll eligible patients in co-pay assist programs. We have a nine-chair infusion center staffed with trained nurses under physician supervision.