**Milwaukee Rheumatology Center**

**Infusion/ Injection Referral**

**\*\*MD direct supervision on site\*\***

2901 W. Kinnickinnic River Pkwy, Suite 319, Milwaukee, WI 53215

 IV Direct Line: (262) 235-2725 IV Direct Fax: (855) 421-1721

E-mail: **nilsa@mkerheumatology.com**

**Patient Demographics:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRN#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send:**

* **Patient’s pertinent records supporting the diagnosis and treatment ordered, including previously tried and failed meds**
* **Pertinent labs**
* **Insurance information (copy of card (s)) and patient demographics**

**Order (valid for one year): \_\_\_ New \_\_\_ Renewal \_\_\_ Re-start \_\_\_Dosing /Frequency Change**

Referring Physician/Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Point of contact at your office? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infusion/Injection Drug Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis: \_\_\_\_\_\_\_\_\_\_

Dosing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-Meds: \_\_\_ As per IV Center protocol \_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Referring Physician/ Provider Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

*For continuity of care purposes, we acknowledge your referral, communicate treatment scheduling dates, and fax treatment notes as soon as performed. National Patient Advocate and Benefits Investigation Team on site to assist thru the entire administrative process, perform benefit investigations, prior auths, and pertinent financial program enrollments for qualified patients.*