

Phone: 732-390-7750 • Fax: 844-683-2244

PATIENT REFERRAL FORM

Patient Name	e:			PT Height:	in.
	Last	First	Middle		
Patient Phone	e: ()			PT Weight:	Ibs.
DX:				DOB:/_	/
Insurance:				ID#:	
Referred by:				NPI#:	
Office Contac	:t:			Office Phone:	:()
☐ Actemra☐ Inflectra☐ Prolia☐ Tysabri	☐ Bavencio☐ Krystexxa☐ Provenge☐ Xolair	☐ Cimzia ☐ Nucala ☐ Radicava ☐ Zoledronic Acid	☐ Cinqair ☐ Nulojix ☐ Remicade	□Entyvio □ Ocrevus	☐ Fasenra
Physician's Office: PLEASE FAX THIS FORM AND ALL REQUIRED DOCUMENTS TO OUR OFFICE AT 844.683.2244 RCCA Group Tax ID#: 223141761 RCCA Group NPI #: 1801850243					
Required Items/Infusion Process:					
1. Valid/signed prescription including name of medication, exact dosage, and directions					
(prescription ONLY valid for 6 months including refills) 2. Letter of medical necessity (letter must include diagnosis, previous treatments and be on letterhead with physician signature)					
3. Recent MD consultation notes: relevant disease being treated must be mentioned in report					
4. Patient's height and weight					
5. Current lab work (CBC & CMP)					
6. Allergies and medications7. Copy of insurance card					
8. Benefit investigations with pharmaceutical companies initiated by the referring doctor's office need to indicate that RCCA is the site of					
care.					
9. Authorizations for treatments need to be obtained by the referring doctor's office and should include RCCA's Tax ID# and show					
RCCA as dispensing provider. Referring doctor will also process financial assistance, as needed, for patient. 10. Patient will have treatment educational session with our Nurse Practitioner/Physician Assistant.					
11. An RCCA Registered Nurse will send a follow-up notice to the referring physician.					
Actemra: PPD, CBC, Liver Function, Hepatitis Panel Bavencio: Liver Function, Kidney Function (SCr), Thyroid Function					
Cimzia: PPD, CBC, Hepatitis Panel Entyvio: Liver Function, PPD Inflectra, Remicade, Simponi Aria: PPD, CBC, Hepatitis Panel, Liver Function					
	•		•		/ Serology PPD
Krystexxa: G6PD Deficiency, Serum Uric Acid Levels Ocrevus: Hepatitis Panel Nulojix: Operative Report, EBV Serology, PPD Orencia: PPD, Hepatitis Panel					
Prolia, Zoledronic Acid: CMP, Recent Labs (within 6 months, must include Creatinine level and BUN, CMP), Dexa Scan within 2 years (only if failed treatment of Oral Bisphosphonates)					
_	: Dendreon Enrollme Hepatitis Panel, CBC	·	bri: MRI (MS patie	nts), TOUCH Pro	ogram Registration, Liver Function
☐ East Brun	swick [□ Edison	lonroe 🗖 :	Somerset	☐ Somerville