



PATIENT REFERRAL FORM

DOB: / /

Pt. Height: _____ in.

Pt. Weight: _____ lbs.

ID#: _____

NPI#: _____

Office Fax: () -

☐ East Brunswick ☐ Edison ☐ Monroe ☐ Somerset ☐ Somerville

- ☐ Copy of current insurance card
- ☐ Recent MD consultation notes: relevant disease being treated must be mentioned in report
- ☐ Valid/signed prescription including name of medication, exact dosage, and directions
(prescription only valid for 6 months, including refills)
- ☐ Allergies and current medication list

1. A Letter of Medical Necessity may be required. If required, you will be contacted by RCCA CJD (letter must include diagnosis, previous treatments and be on letterhead with physician signature).

2. *Benefit investigations, copay assistance and prior authorizations will be handled by the RCCA precert staff if required by the payer.* Detailed clinical notes providing supportive documentation are required for authorization requests which may take 3-5 business days depending on the payer. The precert staff will update the referring doctor's office during this process and contact the patient to discuss cost and financial assistance options.

3. A pretreatment education session will be provided by an Advanced Practice Provider.

4. Once the infusion is complete, a follow-up notice will be faxed to the to the referring provider.

Patient Name: _____

DOB: ____/____/____

Last

First

Middle

Please check the box for medication requested, attach required documentation as noted below, and fax all documents to our office at 844.683.2244. Once all documentation is received, we will contact your patient to schedule an appointment. Thank you!

<u>Medication</u>	<u>Required Current Lab Results</u>	<i>Note: All Labs Must be Completed Within the Previous 6 Months</i>
<input type="checkbox"/> Actemra	CBC, Hepatitis Panel, Lipid Panel, Liver Function, PPD	
<input type="checkbox"/> Benlysta	None	
<input type="checkbox"/> Boniva	Baseline Dental Exam, CMP, DEXA Scan within 2 years	
<input type="checkbox"/> Cimzia	CBC, Hepatitis Panel, PPD	
<input type="checkbox"/> Cinqair	Peak Flow and Other Pulmonary Function Tests	
<input type="checkbox"/> Entyvio	Liver Function, PPD	
<input type="checkbox"/> Fasenra	Peak Flow and Other Pulmonary Function Tests	
<input type="checkbox"/> Inflectra	CBC, Hepatitis Panel, Liver Function, PPD	
<input type="checkbox"/> IV Iron	Reticulocyte Count, Serum Iron, TIBC, Transferrin Saturation	
<input type="checkbox"/> IVIG	Hematocrit, Hemoglobin, IgG Concentrations, Platelets, Renal Function Tests, Urine Output	
<input type="checkbox"/> Krystexxa	G6PD Deficiency, Serum Uric Acid Levels	
<input type="checkbox"/> Nucala	FEV1, Peak Flow and Other Pulmonary Function Tests	
<input type="checkbox"/> Nulojix	CBC, EBV Serology, Magnesium, Operative Report, Potassium, PPD	
<input type="checkbox"/> Ocrevus	Hepatitis Panel	
<input type="checkbox"/> Orencia	Hepatitis Panel, PPD	
<input type="checkbox"/> Prolia	Baseline Dental Exam, CMP, DEXA Scan within 2 years	
<input type="checkbox"/> Provenge	PSA Level	
<input type="checkbox"/> Radicava	None	
<input type="checkbox"/> Reclast	Baseline Dental Exam, CMP, DEXA Scan within 2 years	
<input type="checkbox"/> Remicade	CBC, Hepatitis Panel, Liver Function, PPD	
<input type="checkbox"/> Rituxan	CBC, Hepatitis Panel, Renal Function Tests	
<input type="checkbox"/> Simponi Aria	CBC, Hepatitis Panel, Liver Function, PPD	
<input type="checkbox"/> Stelara	CBC, PPD	
<input type="checkbox"/> Tysabri	Liver Function, MRI (MS patients), TOUCH Program Registration	
<input type="checkbox"/> Xolair	Baseline Serum Total IgE, FEV1, Peak Flow and Other Pulmonary Function Tests	