

**PATIENT INFORMATION**
 *Demographics attached*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S) (FRONT AND BACK)**
**MEDICAL INFORMATION**

Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Patient Weight: \_\_\_\_\_ lbs.

Allergies: \_\_\_\_\_

 Clinical/Progress Notes, Labs, and Tests supporting primary diagnosis attached

**Labs:** Required labs to be drawn by:  Infusion Clinic  Referring Physician

**Lab Orders:** \_\_\_\_\_

**PHYSICIAN ORDERS**
**\*\* Once we receive all necessary documentation, we will schedule the patient's treatment.**
**ADDITIONAL ORDERS/COMMENTS**
**PHYSICIAN INFORMATION**

 By signing this form and utilizing our services, you are authorizing *Paragon Healthcare, Inc.* and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: \_\_\_\_\_ Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**INFUSION CENTER LOCATIONS**
 Alpharetta, GA  Arlington, TX  Atlanta, GA  Austin, TX  Bee Cave, TX  Birmingham, AL  Cape Coral, FL  Clear Lake, TX  Clearwater, FL  Coppell, TX  Creve Coeur, MO  Dallas, TX  
 Decatur, GA  Denver, CO  El Paso East, TX  El Paso West, TX  Fort Myers, FL  Fort Worth, TX  Hendersonville, TN  Houston, TX  Huntsville, AL  Independence, MI  Kansas City, MI  
 Knoxville, TN  Kyle, TX  Lubbock, TX  Montgomery, AL  Murfreesboro, TN  Naples, FL  Nashville, TN  North Hills, TX  Plano, TX  Round Rock, TX  San Antonio, TX  Sarasota, FL  
 Smyrna, GA  St. Louis, MI  Stone Oak, TX  Waco, TX  West Houston, TX  The Woodlands, TX  Other: \_\_\_\_\_

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