Pharmacy: Atlanta Vital Care
Address: 5881 Glenridge Dr. NE, STE 110, Sandy Springs, GA 30328
Phone: 678-705-2055 ext 1
Fax: 470-428-2094
Email: referrals@vitalcareATL.com
Web: www.vitalcareATL.com

Referral Form: Biologic Infusion

Patient Information

Name: _____
DOB: _____
Address: _____
City/State/Zip: _____

Gender: _____
SSN (if available): _____
Cell Phone: _____
Alt. Phone: _____

Height: ____ mark one: ☐ cm ☐ inches
Weight: ___ mark one: ☐ kg ☐ lbs
ICD - 10 Diagnosis code: _____
Allergies:

Please send with this form:
- Office face sheet
- Patient demographics
- Insurance Info: copy of med & drug card (FRONT & BACK)
- Progress notes & labs from the last 12 mos
- Other relevant info (i.e., TB, Hep B titer, vaccines etc)

Prescription Order

Drug: _____
Dose: _____
Directions: _____
Refills: _____
Date: _____

Premeds/Anaphylaxis/Flush Orders

Pre-Medications:

Acetaminophen: _____ mg	PO☐	IV ☐
Diphenhydramine _____ mg	PO☐	IV ☐
Solu-Medrol _____ mg	PO☐	IV ☐
Ondansetron _____ mg	PO☐	IV ☐
Famotidine _____ mg	PO☐	IV ☐
Other _____ mg	PO☐	IV ☐

Please indicate one:
Administer 30 mins prior to infusion _☐_

Lab Order:

Flushes: 0.9% NaCl 3 mL flush PRN — Will be administered via SASH method, heparin will only be if specified by the prescriber

Anaphylaxis: Nurse to stop the infusion & call 911.

Anaphylaxis Kit will be per protocol from the pharmacy:
- **Diphenhydramine 25-50 mg IM for mild to moderate anaphylaxis reaction**
- **Epinephrine 1 mg/mL Ampule: 0.5 mg IM x 1 for moderate to severe anaphylaxis reaction. May repeat dose x 1, 20 mins after 1st dose if needed. (Can be substituted for EpiPen Auto-injector if covered by insurance)**
- **Anaphylaxis severity & treatment to be determined by nurse on site**

Prescriber Information

Name:
Signature:
NPI:

Prior-auth & generic drug will automatically be selected & initiated unless specified by the prescriber