

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION, LAST OFFICE NOTE AND ANY RELEVANT LAB OR IMAGING REPORTS

Patient Information

Name: _____ DOB: _____

Home: _____ Work: _____ Cell: _____

Referring Information

Physician: _____ Primary Physician: _____

Referred to/for: Infectious Disease (Ramesh Vemulapalli, MD / Joel Chua, MD)
 Rheumatology (Robert Moyer, MD / Jinsong Zhang, MD / Nancy Lemoi, PA-C)

Problem/DX to be addressed: _____

If you would like to refer your patient over for a specific treatment/therapy only, (WITHOUT direct physician consultation) please fill out the corresponding form. All order forms can be found by clicking on the following links, or by visiting our website: <http://infusede.com/physicians/>

[Antibiotic Order Form](#)

[IV Hydration Order Form](#)

[Biologic Therapy Order Form](#)

[Osteoporosis Therapy Order Form](#)

Solumedrol treatment _____
Dose/Frequency Start date End date

Other/Teaching: Humira / Cimzia / Enbrel / Simponi / Pegasys _____
