



HOPE INFUSIONS REFERRAL FORM

Please fax to: (626) 737-1307

- Newport Beach Fashion Island:** 1601 Avocado Ave., Newport Beach, CA 92660 PH: (949) 763-2204
- Newport Beach Lido:** 351 Hospital Rd., #610, Newport Beach, CA 92663 PH: (949) 999-1400
- Huntington Beach:** 19671 Beach Blvd., #315, Huntington Beach, CA 92648 PH: (714) 252-9415
- Irvine Sand Canyon:** 16300 Sand Canyon Ave., #207, 208, 209, Irvine, CA 92618 PH: (949) 333-7580

Patient Name: _____ DOB: ____/____/____ Ht: _____ Wt: _____

Allergies: No known allergies

Allergic to: _____

Reaction: Anaphylaxis Edema Hives Pruritis Rash Unknown Other: _____

Severity: Severe Moderate Mild

Diagnosis: _____ ICD-10 code: _____

Premedication(s): None

Medication:

Repeat every _____ (frequency) for a total of _____ doses.

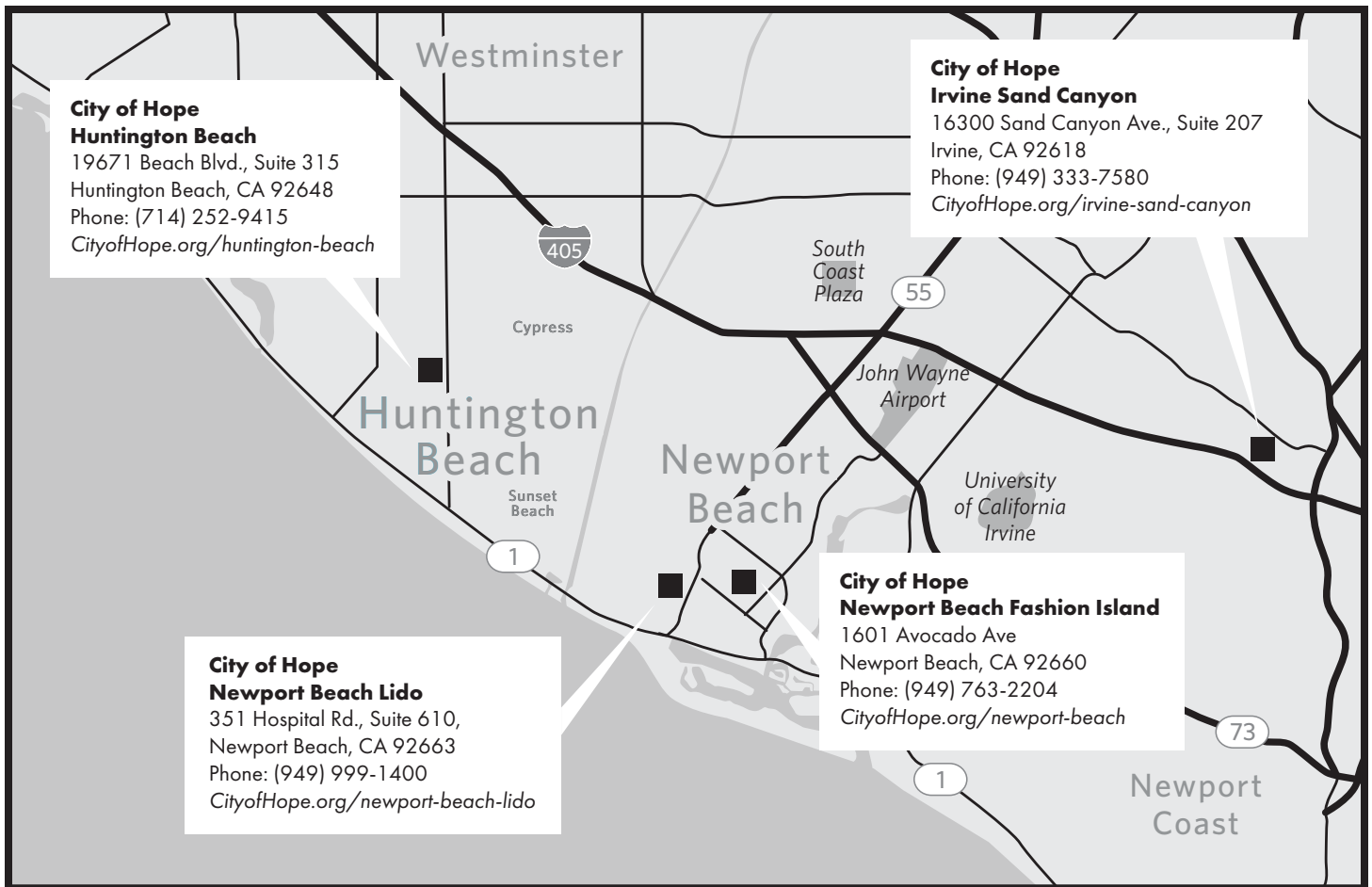
(Note: A new referral form will be required annually for ongoing treatment)

Labs (include frequency): None

Please include:

- Patient demographics, contact, and insurance information
- Pertinent medical records and test results
- Treatment authorization information if already obtained

PRINTED NAME OF PHYSICIAN	SIGNATURE/TITLE	DATE (MM/DD/YY)
OFFICE CONTACT NAME		
CA LICENSE #	PHONE	FAX
City of Hope Medical Foundation Non-Oncology Referral Form	This design is approved to go into FormFast Production. Form Requestor: _____ Form Owner: _____	



HOPE INFUSIONS

City of Hope Orange County's expertise in infusion therapy extends beyond cancer-related drugs. We also administer non-oncology medications, all with the same knowledgeable staff and compassionate patient care.

Benlysta®
Cerezyme® or VPIRV™ for Gaucher's Disease
Cimzia®
Cinqair® (Reslizumab) for Asthma
Evenity® (romosozumab)
Evkeeza™ (Evinacumab)
Factor VIII for Hemophilia A
Fasenra™ (benralizumab)
HyQvia
Ilumya™ (tildrakizumab)
Intravenous Immune Globulin (IVIG) (Gammagard®, Octagam®)
Intravenous Iron (Injectafer®, INFed®, Ferlecit®, Feraheme®)

Intravenous Reclast®, zoledronic acid for Osteoporosis
Krystexxa®
Lemtrada® (Alemtuzumab) for Multiple Sclerosis
Lupron®
Nucala® (mepolizumab)
Nulojix® (Belatacept) for kidney transplant patients
Ocrevus™ (ocrelizumab) for Multiple Sclerosis
Onpatro™ (patisiran)
Prolia®
Radisav™ (edaravone) for Amyotrophic Lateral Sclerosis

Remicade®, Inflectra®, Renflexis®, Entyvio™, Orencia®, Actemra®, Stelara®
Rituximab
Saphnelo™
Simponi Aria®
Solu-Medrol
Tepezza™ (Teprotumumab-trbw) for Thyroid Eye Disease
Tremfya®
Tysabri®
Uplizna®
XOLAIR® (omalizumab)

Other therapies may be given upon request