HOPE INFUSIONS





Centralized Referral Scheduling: Patient Name 949.671.4146 DOB ____ / ___ Height _____ Weight _____ **Centralized Referral Fax:** 626.737.1307 Allergies No Known Allergies Allergic to _____ **OUR LOCATIONS Huntington Beach** Anaphylaxis Reaction Edema Hives **Long Beach Elm** Pruritis Rash Unknown Other _____ **Long Beach Worsham** Moderate **Newport Beach** Severe Mild Severity **Sand Canyon Diagnosis** ______ ICD-10 code ____ Premedication(s) None For more information and medication options, please visit CityofHope.org/hope-infusions Medication(s) 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 Certification: As the referring physician, I certify that the patient has been informed of: (a) the risks and benefits of the treatment I am ordering; (b) adverse reactions that may reasonably be expected to occur in connection with the treatment; and (c) alternative options for treatment which are medically viable. I further certify that the patient has been encouraged to ask questions and that all questions were answered. If applicable, I confirm the patient's pregnancy status is not contraindicated with prescribed treatment and appropriate consultation has occurred. Since I intend to remain primarily responsible for the patient's medical care plan, once the treatment in this referral order is complete, I will provide continuing post-treatment care to the patient.

Printed Name of Physician

Office Contact Name

CA License

Phone

Fax

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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. Common conditions treated include:

Amyotrophic Lateral Sclerosis (ALS) Hunter Syndrome Multiple Sclerosis Osteoporosis Anemia Immunotherapy Asthma Inflammatory Bowel Disease Polyneuropathy Fabry Disease Kidney Transplant **Psoriasis** Gout Lupus Rheumatoid Arthritis Heterozygous Familial Migraines Sarcoid Myocarditis Hypercholesterolemia Multiple Cancers Thyroid Eye Disease

Learn more. Connect with one of our Hope Infusions physician liaisons.

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