

HOPE INFUSIONS

Non-Oncology Referral Form



City of Hope® | ORANGE COUNTY

Hope Infusions Phone Number:

949.671.4146

Hope Infusions Referral Fax:

626.737.1307

OUR LOCATIONS

Sand Canyon

Newport Beach

Long Beach Elm

Long Beach Worsham

Patient Name _____

DOB ____ / ____ / ____ **Height** _____ **Weight** _____

Allergies No Known Allergies
Allergic to _____

Reaction	Anaphylaxis	Edema	Hives
	Pruritis	Rash	Unknown
	Other _____		

Severity	Severe	Moderate	Mild
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Diagnosis _____ **ICD-10 code** _____

Premedication(s) None

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

For more information and medication options, please visit CityofHope.org/hope-infusions

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	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 _____



1 Sand Canyon
 16300 Sand Canyon Ave., Ste. 207
 Irvine, CA 92618
 PHONE: 949-333-7580
 FAX: 949-333-7599

2 Newport Beach
 1601 Avocado Ave.
 Newport Beach, CA 92660
 PHONE: 949-763-2204
 FAX: 949-536-8036

3 Long Beach Elm
 1043 Elm Ave., Ste. 104
 Long Beach, CA 90813
 PHONE: 562-590-0345
 FAX: 562-437-8139

4 Long Beach Worsham
 3747 Worsham Ave., Ste. 101
 Long Beach, CA 90808
 PHONE: 562-430-5900
 FAX: 562-799-8379

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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)
 Anemia
 Asthma
 Fabry Disease
 Gout
 Heterozygous Familial
 Hypercholesterolemia

Hunter Syndrome
 Immunotherapy
 Inflammatory Bowel Disease
 Kidney Transplant
 Lupus
 Migraines
 Multiple Cancers

Multiple Sclerosis
 Osteoporosis
 Polyneuropathy
 Psoriasis
 Rheumatoid Arthritis
 Sarcoid Myocarditis
 Thyroid Eye Disease

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

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