HOPE INFUSIONS



Non-Oncology Referral Form

Hope Infusions Phone Number: Patient Name 949.671.4146 DOB ____ / ___ Height _____ Weight _____ **Hope Infusions Referral Fax:** Allergies No Known Allergies 626.737.1307 Allergic to _____ **OUR LOCATIONS Sand Canyon** Reaction Anaphylaxis Edema Hives **Newport Beach** Pruritis Rash Unknown Other **Long Beach Elm Long Beach Worsham** Severity Severe Moderate Mild Diagnosis ICD-10 code For more information and medication options, please visit Premedication(s) None 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)

Please include

Labs (include frequency)

Patient demographics, contact, and insurance information

Pertinent medical records and test results

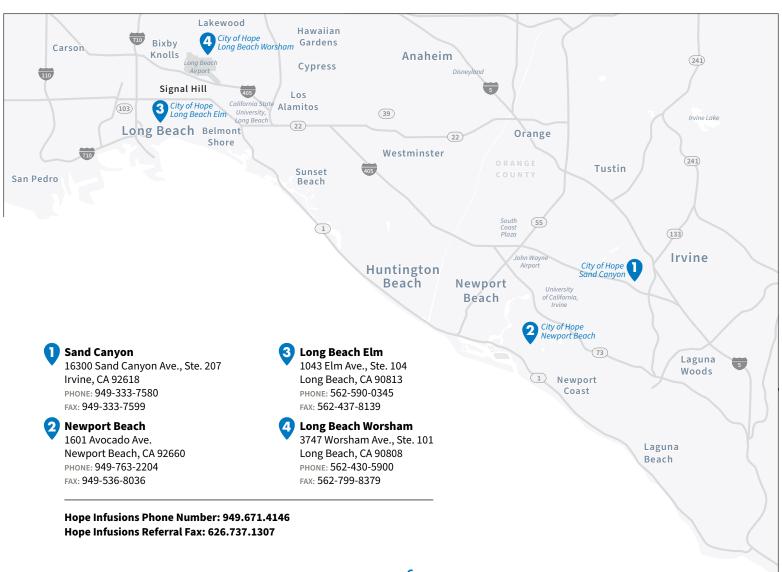
None

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.

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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. Common conditions treated include:

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

Kourtney Carter

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

Anne Liu
Senior Physician Liaison
Hope Infusions
626.926.3696
anneliu@coh.org

Business Development Coordinator Hope Infusions 626.201.3219 kcarter@coh.org

