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		PECIAL ORDERS					
	URSING ORDERS: ADVERSE REACTION & ANAPHYLAXIS ORDERS:	URSING ORDERS		Infusion Nursing Proced	ADVERSE REAG	CTION & ANAPHYLA	AXIS ORDERS:

	Refills x 12 months unless noted otherwise here:				
NURSING ORDERS:	NURSING ORDERS:		S ORDERS:		
Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated.		Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders which can be found on our website.			
PRESCRIBER INFORMATION:					
PROVIDER NAME:		PHONE:			
ADDRESS:		FAX:			
CITY, STATE, ZIP:		NPI:			
PRESCRIBER SIGNATURE: (No stamp signatures)			DATE:		
Dispense as written/Brand medically necessary		Substitution permitted			



Checklist for referrals to Palmetto Infusion: Fax referral to 1.866.872.8920

Patient demographics - a	ddress,	phone n	umber,	SS#, etc	•
Insurance information - c	opy of t	he card	(s) if pos	ssible	
Plan of Treatment/Order	S				
Most recent physician off failed therapies - all insu					
pre-authorization require Medicare/Medicaid HMC		e. This i	ncludes		
Any lab results or other of support the diagnosis.	liagnosti	ic proce	dures to		

Palmetto Infusion will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility.

Our office will notify you if any further information is required.

We will review financial responsibility with patient and refer them to any available co-pay assistance as required. Palmetto Infusion Call Center 800.809.1265. Thank you for your referral.

www.palmettoinfusion.com