

**COLUMBUS COMMUNITY HOSPITAL  
INFUSION CENTER**

Ph: 402-562-4638 | Fax: 402-562-4639  
NPI: 1760589295 | CPT: 470542043



**REFERRAL FORM**

INFC-3 2/24

**REFERRAL STATUS**

- New referral | Scheduling need:  Routine  
 Order renewal |  Next available  
• **For urgent/same day appointments, call infusion center to schedule.**

**PATIENT INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F  
Weight: \_\_\_\_\_ kg. Ph: \_\_\_\_\_

**The following documents are required before patient is scheduled:**

- Patient demographics & insurance information
- Preauthorization # and documentation
- Clinical progress notes, H&P, labs, test results, allergies, current medication list
- Interpreter required if so language preferred: \_\_\_\_\_

**DIAGNOSIS**

ICD-10 Code: \_\_\_\_\_ Date of Last infusion/injectable: \_\_\_\_\_

**LAB ORDERS/MEDICATIONS Include: Start date, stop date, frequency, route**

**TYPE OF ACCESS**

- Peripheral  PICC  Midline  Port  Subcut  IM

**PHYSICIAN INFORMATION**

Physician name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice name: \_\_\_\_\_ NPI #: \_\_\_\_\_  
Staff contact: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

