

Referral Checklist

- | | |
|--|--|
| <input type="checkbox"/> Infusion/Transfusion Orders | <input type="checkbox"/> Current Medication List |
| <input type="checkbox"/> Authorization | <input type="checkbox"/> Lab Results as needed |
| <input type="checkbox"/> Demographics | <input type="checkbox"/> Insurance Cards* |
| <input type="checkbox"/> H&P | |

*Preferred but not required

Medication	What's needed in addition to order/referral
Iron Infusion	<ul style="list-style-type: none"> Labs within 1-2 months Complete iron panel CBC For Medicare patients- please include Medicare documentation on order (oral Iron intolerance OR failure of oral iron) For Medicare patients- Medicare will not cover IV Pushes, need some form of iron piggyback
Blood Transfusion	<ul style="list-style-type: none"> Need a current Hemoglobin Type and Cross preformed at Kaweah Health lab within 72hrs
Reclast, Prolia, and Evenity	<ul style="list-style-type: none"> Complete renal panel /CMP Evenity only requires Vitamin D, and Phosphorous levels
Remicade, Entyvio, and Orencia	<ul style="list-style-type: none"> TB test OR chest x-ray
Leqvio	<ul style="list-style-type: none"> TB test OR chest x-ray
Electrolyte replacement	<ul style="list-style-type: none"> Specific electrolyte level within 7 days
Rituxan	<ul style="list-style-type: none"> Hep B screening, if not recent, please send with LFT. If recent the Hep B screening is adequate
Ocrevus and Briumvi	<ul style="list-style-type: none"> Hep B screening, prior to first dose. Documentation of Hep B screening for subsequent doses if not initiated at this facility IGG level prior to each infusion
Actemra	<ul style="list-style-type: none"> TB, AST/ALT, liquid panel, ANC and PLT