ADVANCED INFUSION CENTER

Tel: 916-678-5840 Fax: 916-678-5839
NPI: 1912300278 Tax ID: 47-1804386

Dr.________________________________

Phone #_____________________

Date____________Time_______am/pm

Patient Name_________________________________
Patient DOB _________________ _______M__F__
Patient Weight__________LB/Kg
Allergies_______________________________________

Patient Diagnosis: ____

☐ **Labs:** ____

☐ **Medication:** ____ **Dose:** ____________________

☐ **Frequency:** ____

☐ **Pre-Meds:** ____

☐ **Other:** ____

<u>Please provide the following information:</u>

- Patient demographics
- Recent labs (within the past three months)
- Insurance information
- H & P, if applicable
- Reconciled Medication List

MD Signature: ______________________________ Date: ____________________________________

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