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:** _____

Please provide the following information:

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

MD Signature: _____ Date: _____

Sacramento Office
4362 Auburn Blvd., Sacramento, CA 95841
Yuba City Office
1215 Plumas Street, Suite 1300B, Yuba City, CA 95991