Vital Care of Greenville
274 Commonwealth Dr, Ste C
Greenville SC, 29615

LOCAL RHEUMATOLOGY

vitalcare® INFUSION SERVICES

GREENVILLE & SPARTANBURG

P: 864.438.2800 FAX: 864.438.2801

Vital Care of Spartanburg
896 W St John St
Spartanburg, SC 29301

LOCAL RHEUMATOLOGY

------PATIENT DEMOGRAPHICS------

Name:	Street Address:		
DOB:	City/State/ZIP:		
Primary Phone #:	Email:		
Alternate Phone #:	Height(inches):	Weight:	[Specify Lbs/Kgs]
Insurance (primary and secondary)			
Insured Name:	Please send: -Insurance Card(s) -Medical Records -Previous Therapies -Pertinent Labs		
Insured DOB:			

------ORDERS------

*Anaphylaxis and Flush orders per pharmacy protocol

DRUG	Dose & Directions	DRUG	Dose & Directions
☐ IVIG	☐ Infuse _____gm/kg every _____ weeks ☐ Other Dosing:_____	☐ Krystexxa	☐ Infuse 8 mg IV every 2 weeks ☐
☐ INFLIXIMAB Plan Preference of: Remicade, Inflectra Avsola, Renflexis	☐ Infuse____ mg/kg every ____ weeks ☐ Other dose/frequency:_____	☐ Simponi Aria (golimumab)	2 mg/kg _____ ☐ New Start: Infuse week 0, 4 & Q8 wks thereafter ☐ Maint: Infuse every 8 wks
		Other Drug or Alterntive Dosing of Above Therapies	☐ _____ _____ _____

Site of care: ☐ Private Suite ☐ Home

Pre-Meds: _____

-------CLINICAL-------

Diagnosis: ICD-10 Code: Notes:

Allergies: IV Access: ☐ PIV by nurse ☐ PIC/PORT In Place

Lab Orders:	Frequency
☐ CBC w/ Diff	
☐ CMP	
☐ CRP	
☐ ESR	
☐ Other	

Prescriber Information

Name: _____ NPI: _____

Practice: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Fax: _____

Nurse/Contact Name: _____

I authorize Vital Care Infusion Services LLC and it's representatives to initiate any insurance prior authorization process that is required for this prescription and for any future refills of the same prescription for the patient listed above which I order. I understand that I can revoke this designation at any time by providing written or electronic notice to Vital Care.

Physician Signature: _____

Date: _____

PRESCRIBER MUST MANUALLY SIGN - STAMP SIGNATURE AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED