CureStat Rx
Home Infusion and Specialty Pharmacy

Enteral Referral Form

Phone: (888)963-6544 Fax: (858)281-0045

PATIENT INFORMATION

☐ Deliver Here

Patient Name: ____________________

DOB: ____________ Gender: ☐ Male ☐ Female

Address: ____________________

City____________ State________ Zip: ________

Primary Phone: ____________ SSN: ____________

Caregiver Name: ____________________

Alternate Phone: ____________________

Insurance Plan: ____________ Plan ID: ____________

PRESCRIBER INFORMATION

☐ Deliver Here

Prescriber Name: ____________________

State License #: ____________ DEA #: ____________

NPI #: ____________

Address: ____________________

City____________ State________ Zip: ________

Phone: ____________ Fax: ____________

Contact Person: ____________ Phone: ____________

Please fax a copy of front and back of the insurance card(s).

Clinical Information

Diagnosis ICD-10 Code: ________ Description: ____________________

ICD-10 Code: ________ Description: ____________________

Wt: ______ ☐ Kg ☐ lbs Ht: _______ ☐ cm ☐ in BSA: ____________ m^2

Allergies: ☐ NKDA ☐ Other: ____________________

Prescription Information

Formula Name: ____________________ Volume/day: ____________ Rate: ____________

☐ Continuous___________ ☐ Cyclic between hours of ____________ and ____________ ☐ Bolus ____________

Start date: ____________ Stop Date: ____________

Check One: ☐ Nasogastric ☐ gastrostomy ☐ jejunostomy ☐ Oral

Method of administration

Check one: ☐ Pump ☐ Gravity ☐ Syringe

Special Instructions: ____________________

____

Prescriber's Signature: ____________________ Date: ____________

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. Thank you.