



Phone: 732-390-7750 Fax: 844-683-2244

SpecializedInfusionTherapy.com

PATIENT REFERRAL FORM

GENERAL

Patient Name: Last First Middle Pt. DOB: / /

Patient Address:

Patient City: Pt. State: Pt. Zip:

Patient Phone: () - Pt. Height: in. Pt. Weight: lbs. DX:

Patient Allergies:

Insurance: ID#:

Referred by: NPI#:

Office Contact (Required): Office Ph: () - Office Fax: () -

Office Administrator (Required): Administrator Ph: () -

Astera Infusion Therapy scheduling location request:

- Bridgewater East Brunswick Edison Jersey City Monroe Robbinsville Rutherford Somerset

Required Items/Infusion Process:

- Valid/signed prescription including name of medication, exact dosage, and directions (prescription only valid for 12 months, including refills) (if no refills specified, will honor 6 months)

- Copy of current insurance card
Recent MD consultation notes: relevant disease being treated must be mentioned in report
Allergies and current medication list
Current labs required for specific medication, as noted on the following page(s) of this form

Has the patient initiated treatment at your office? Yes No

Please note:

- 1. A Letter of Medical Necessity is required for all patients receiving their initial infusion at Astera...
2. Benefit investigations, copay assistance and prior authorizations will be handled by the Astera precert staff if required by the payer. Right to auto-substitute biosimilars based on payer's preference.
3. A pretreatment education session will be provided by an Advanced Practice Provider.
4. Once the infusion is complete, a follow-up notice will be faxed to the referring provider.

Patient Name: _____
Last First Middle

DOB: ____/____/____

Please check the box for medication requested, attach required documentation as noted below, and fax all documents to 844.683.2244. Once all documentation is received, we will contact your patient to schedule appointment. Thanks!

Medication Required Current Lab Results *Note: All Labs Must be Completed Within the Previous 6 Months*

- Actemra CBC, Lipid Panel, Liver Function, PPD
- Benlysta(IV) None
- Boniva CMP, DEXA Scan within 2 years
 Confirm patient is in good dental health and has no outstanding dental issues
- Cimzia CBC, Hep B Serology (Hep B surface antigen, Hep B surface antibody and Hep B core antibody), PPD
- Cinqair Peak Flow and Other Pulmonary Function Tests
- Cytosan CBC, CMP, UA
- Entyvio Liver Function, PPD
- Evenity CMP, DEXA Scan within 2 years Confirm pt. has not had an MI or stroke within previous year
- Fasenra Peak Flow and Other Pulmonary Function Tests
- IV Iron* Reticulocyte Count, Serum Iron, TIBC, Transferrin Saturation *Feraheme, Ferrlecit, Infed, Injectafer, Venofer
- IVIG Hematocrit, Hemoglobin, IgG Concentrations, Platelets, Renal Function Tests, Urine Output
- Krystexxa G6PD Deficiency, Serum Uric Acid Levels, Confirm Oral Urate Lowering Agent Discontinued
- Nucala FEV1, Peak Flow and Other Pulmonary Function Tests
- Nulojix CBC, EBV Serology, Magnesium, Operative Report, Potassium, PPD
- Ocrevus CBC, Hep B Serology (Hep B surface antigen, Hep B surface antibody and Hep B core antibody)
 Confirm No Vaccinations within 4 Weeks of Therapy
- Orencia(IV) Hep B Serology (Hep B surface antigen, Hep B surface antibody and Hep B core antibody), PPD
- Prolastin Alpha 1 Proteinase Inhibitor Serum Levels and Lung Function
 IgA antibodies negative for patient with IgA deficiency
- Prolia CMP, DEXA Scan within 2 years
 Confirm patient is in good dental health and has no outstanding dental issues
- Radicava None
- Reclast CMP, DEXA Scan within 2 years
 Confirm patient is in good dental health and has no outstanding dental issues

- Remicade/Inflectra (Biosimilar might be replaced if appropriate)
CBC, Hep B Serology (Hep B surface antigen, Hep B surface antibody and Hep B core antibody),
Liver Function, PPD
- Rituxan/Riabni/Truxima/Ruxience (Biosimilar might be replaced if appropriate)
CBC, Hep B Serology (Hep B surface antigen, Hep B surface antibody and Hep B core antibody)
 Confirm No Vaccinations within 4 Weeks of Therapy
- Simponi Aria(IV) CBC, Hep B Serology (Hep B surface antigen, Hep B surface antibody and Hep B
core antibody), Liver Function, PPD
- Soliris Meningococcal Vaccination
- Stelara(IV) CBC, PPD
- Tysabri MRI (MS patients), TOUCH Program Registration
- Vyepti None
- Xolair Baseline Serum Ige, FEV1, Peak Flow, Other Pulm Function Test (all required for asthma indication only)