



**Birmingham
Infusion**

New Patient Referral Form

Name of Referring Physician: _____

Referring Physician NPI #: _____

Patient's Name: _____ Patient's DOB: _____

Patient's Phone Number(s): _____

Diagnosis: _____

Office Contact: _____ Office Phone Number: _____

Primary Care Physician: _____

Please complete above information and fax this form with the following information:

- Patient Demographics
- Patient Insurance Cards (front and back)
- Office Notes or Letter Regarding Referral
- Infusion Medication Order
- Most Recent Labs
- Diagnostic Reports Pertaining to Referral

***Please note that our staff will handle all benefit investigations and Prior Authorization requests as well as copay assistance program registrations for our infusion patient referrals.**