

# Vyepti Referral Form

Fax completed form to: (405) 418-4442

OptionOne Infusion

14000 N. Portland Ave, Suite 205 • Oklahoma City, OK 73134

Phone: (405) 548-4848

Toll Free: 888-848-4588



## PATIENT INFORMATION

Patient Name:	Date of Referral:	Date of Birth:	<input type="checkbox"/> M <input type="checkbox"/> F
Address:	City, State, Zip:	SSN:	
Phone:	Work Phone:	Primary Language:	
Caregiver Name (if other):	Relationship:	Phone:	
Emergency Contact:	Relationship:	Phone:	

## INSURANCE INFORMATION

**Please attach and fax:** 1. Insurance card(s) and demographic information 2. Recent clinical assessment note or H&P 3. Current medication list

## OTHER DOCUMENTATION

### MEDICAL HISTORY:

Allergies

NKDA

If yes, list:

Height: \_\_\_\_\_  in  cm

Weight: \_\_\_\_\_  lbs  kg

Date Taken: \_\_\_\_\_

### PRESCRIPTIONS AND ORDERS:

#### IV Access:

Peripheral

Other: \_\_\_\_\_

Vyepti 100 mg every 3 months  Vyepti 100 mg every 3 months

Refills 1x/year unless otherwise noted: \_\_\_\_\_

### PRIMARY DIAGNOSIS

Diagnosis (Please indicate ICD 10-CM code & description):

**Adverse and Anaphylactic Reactions will be treated per OptionOne protocol.**

**I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.**

**Signature:**

**Date:**

## PHYSICIAN INFORMATION

Physician Name:	Lic. #:	DEA #:	
Practice Name:	NPI #:	Specialty:	
Address:	City:	State:	Zip:
Nurse Contact:	Phone:	Fax:	
Physician Signature:	Date:		

By signing this form and utilizing our services, you are authorizing Amerita and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

**Important Notice:** This transmission may contain confidential health information that is legally protected. As you are obligated to maintain it in a safe and confidential manner, unauthorized re-disclosure or a failure to maintain confidentiality of the information contained herein could subject you to penalties under state and federal law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination or copying of this communication is strictly prohibited.