



OUTPATIENT INTRAVENOUS AND INJECTION THERAPY

Patient Name: _____

DOB: _____ Phone #: _____

Pre-cert #: _____

Primary Care Physician: _____

Diagnosis: _____
(Supporting clinical data)

Diagnosis Code (ICD10) _____

Hgb _____ HCT _____ (Required for epogen injections)

OP Status OPO (If extended observation required.
Ex. Iron Dextran, 3 units PRBCs)

Instructions: Please call Coffee Regional Medical Center Outpatient Therapy Department at 384-1900 ext. 4420 to schedule an appointment time. A time in advance should prevent a delay in treatment. Please report to Admissions/Registration approximately 15-minutes prior to appointment time.

Physician Offices-
For the most updated form please visit
www.coffeeregional.org and
print from the "For Our Physicians" link.