Hemophilia Referral Form

MedPro Rx™
A DIPLOMAT® COMPANY

Phone: (888) 571-3100 • Fax: (800) 582-9315

Date: _____

Demographics

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Phone: (*home*) _____

(*work*) _____

(*cell*) _____

Social Security Number: _____

Height: _____ Weight: _____

Next of Kin: _____

Allergies: _____

Is the Patient enrolled in a factor assist program? ☐ Yes ☐ No

Date enrolled: _____

Identification Number: _____

Insurance Information:

Primary Insurance: _____

Member ID #: _____ Group #: _____

Policy Holder: _____ Relationship: _____

Secondary Insurance: _____

Member ID #: _____ Group #: _____

Policy Holder: _____ Relationship: _____

Diagnosis: *(Please check one of the following)*

☐ 286.0 Hemophilia A *(Factor VIII Deficiency)*

☐ 286.1 Hemophilia B *(Factor IX Deficiency, Christmas Disease)*

☐ 286.4 von Willebrand's Disease

☐ Other: _____

ICD-9 Code: _____

☐ Patient has Inhibitor

Physician Orders: *(Please check the following)*

☐ Advate
☐ Helixate
☐ Kogenate FS
☐ Recombinate
☐ Refacto
☐ Xyntha
☐ Hemofil-M
☐ Novoseven

☐ Benefix
☐ Mononine
☐ Alphanate
☐ Humate P
☐ Stimate (nasal spray)
☐ EMLA cream
☐ LMX-4 cream

☐ Other _____
☐ 0.9% sodium chloride 5-10ml pre/post infusion and PRN
☐ Heparin 10units/ml 5ml post infusion and PRN
☐ Heparin 100units/ml 5ml post infusion and PRN
☐ Skilled Nursing visits as required
☐ Standard supplies as requested

Dose: _____ Frequency: _____

_____

Bleeding dose: _____

Prescribing Physician:

Name: _____

Address *(please include facility name)*:

_____

_____

_____

Phone: _____ Fax: _____

Specialty: _____

License #: _____ UPIN #: _____

DEA #: _____ NPI #: _____

I have read this entire form and verify to its accuracy ☐ Yes

Prescriber Signature: _____
Dispense as written

Prescriber Signature: _____
Substitution allowed

Date: _____

MedPro Rx, Inc. is compliant with HIPAA Guidelines

Please CLICK HERE to email this form automatically, or attach manually to: referrals@medprorx.com

Or Fax Completed Copies of the Following to MedPro Rx @ 1-800-582-9315: (1) Referral Form and (2) Your Insurance Card(s)