Sarah Bush Lincoln

NOTE: PLEASE COMPLETE ELECTRONIC VERSION, PRINT AND FAX .... Handwritten forms will not be accepted.

PATIENT INFORMATION

Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS

☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

INFUSION OFFICE PREFERENCES (Optional)

Preferred Location* ☐ Mattoon ☐ Effingham

*Please Note: Requests will be accommodated based on infusion center availability and are not guaranteed.

Diagnosis and ICD 10 CODE

☐ HR+ breast cancer	ICD 10 Code: C50.919
☐ Prostate cancer	ICD 10 Code: C61
☐ Endometriosis	ICD 10 Code: N80.9
☐ _____	ICD 10 Code: _____

REQUIRED DOCUMENTATION (referral will not be processed without the required documentation)

- ☐ This signed order form by the provider
- ☐ Patient demographics AND insurance information
- ☐ Labs and Tests supporting primary diagnosis
  *Patient may be required to submit a pregnancy test prior to treatment
- ☐ Clinical/Progress notes supporting primary diagnosis (must be within 1 year)

MEDICATION ORDERS

Dosing Wt for Calculations Ht: Wt (in kg): BMI:

	DRUG / DOSE	ROUTE	DAYS TO BE GIVEN
Dosing	Please indicate frequency in black space provided. ☐ Goserelin® (Zoladex) 3.6 mg* ☐ Goserelin® (Zoladex) 10.8 mg ☐ Other: _____	SQ implanted spring loaded injection _____	Every 4 weeks Every 12 weeks _____

* See instructions on how to administer in the abdomen only.

Duration ☐ **X 6 months** ☐ **X 1 year** ☐ _____ **doses**

ADDITIONAL ORDERS / INFORMATION

PRESCRIBER INFORMATION

Prescriber name :		
Office Phone:	Office Fax:	Office Email:
Prescriber Signature:		Date: Time:

All information contained in this order form is strictly confidential and will become part of the patient's medical record.

Contact us with questions at:
Fax Completed Form and all documentation to:

☐ MATTOON
1000 Health Center Dr. Ph. 217-258-4150
Suite 204 Fax 217-348-2579
Mattoon, IL 61938

☐ EFFINGHAM
901 Medical Park Dr. Ph. 217-342-7500
Suite 201 Fax 217-342-7499
Effingham, IL 62401

INFUSION ORDERS - GOSERELIN® (zoladex)

Clinics Scan to: Physician Orders