vitalcare® of CROWN POINT

Pharmacy Name: Vital Care of Crown Point
Address: 1290 Arrowhead Court, Suite A
City/State/Zip: Crown Point, IN 46307
Phone: 219.295.4080
Fax: 219.600.1800

TPN Referral Form

To		From	
Name of Practice/Facility		Phone	Fax
Intake Phone		Number of Pages including Cover	
Date		Home Phone	
Patient Name		Date of Birth	
Patient Home Address		City	State / Zip
Diagnosis			Gender M F
Are TPN Orders attached to this Referral Form? Y N			First Dose? Y N
Patient Eating? Y N		Estimated Length of Therapy	
IV Access PICC Port Central Other:			Y N
Hospital Discharge Summary attached? Y N		Most Recent Labs (date)	☐ Attached
Start of Care Date		Spanish-speaking Only ☐	
History & Physical ☐ Attached	Marital Status S M D W		Diabetic? Y N
HT	WT	Allergies	
Other home health care needs?			
Physician signing discharge orders		Fax	Phone
Physician who will follow patient at home (if different than above)			
Physician Name		Fax	Phone
Patient Demographics ☐ Attached	Delivery Address (if different than home)		
Patient Cell Number		Patient Work Number	
Emergency Contact Outside Home		Relationship	Phone
Caregiver Name	Caregiver Teachable? Y N		Phone
Patient Independent? Y N	Patient Teachable? Y N		Homebound? Y N
Insurance	ID#		Phone
Medi-Cal ID#		Issue Date	

I authorize Vital Care Infusion Services LLC and its representatives to initiate any insurance prior authorization process that is required for this prescription and for any future refills of the same prescription for the patient listed above which I order. I understand that I can revoke this designation at any time by providing written notice to Vital Care.

Physician Signature: _____

Date: _____

PRESCRIBER MUST MANUALLY SIGN - STAMP SIGNATURE, SIGNATURE BY OTHER PERSONNEL AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED

The attached document(s) contain confidential information which may be considered to be Protected Health Information and therefore required to be maintained as private and secure under HIPAA. The documents may also contain information which is otherwise considered to be privileged under state and federal laws. This communication is for the intended recipient only. If you are not the intended recipient, or a person responsible for delivering this communication to the intended recipient, you are prohibited from viewing, copying and/or distributing the information contained herein. Unlawful disclosure of the information attached may subject you to monetary penalties and sanctions. If you have received this communication in error, you should notify the sender immediately and thereafter permanently destroy all copies of this document in its entirety.

This form is not considered an order or prescription for medical services and/or supplies unless and until it is formally authorized by a healthcare provider in compliance with applicable laws and regulations.

This is not a valid prescription in the state of Arizona.

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