

SECOND PAGE MUST BE COMPLETED

PLEASE BE SURE TO SEND ALL REQUIRED INFORMATION LISTED BELOW

ADDITIONAL DOCUMENTATION REQUIRED

- Primary Diagnosis code: _____
- Please attach a copy of medication order to this document when transmitting to ARBDA/IDYLLIC. Prescription should include standard information as well as specific instructions if loading doses of desired RX is required. **** NOTE **** Please do **NOT** provide a prescription to the patient as they may become confused and attempt to fill at their local/specialty pharmacy.
- Copy of Primary and Secondary Medical/Pharmacy Insurance Cards (Please enclose both FRONT & BACK)
- Is this patient ambulatory YES / NO
 - Is a Wheelchair required YES / NO
- History of Infusion / Injection treatments (if applicable) and summary of medical history / treatment plan.
- MOST RECENT and/or Qualifying Labs (based on specific drug)
- Verification that your patient was issued a RX by the referring provider for an EpiPen and that patient was instructed to bring the EpiPen with them to the injection/infusion appointment (if required).
- Please notify your patient that our office will contact them when we are ready to schedule. They do NOT need to call our office to set up an appointment.**
- Does this patient require premedication(s)? If so, please indicate below.
 - TYLENOL® (APAP) 500 mg. tablets - 2 tabs PO x 1
 - SOLU-MEDROL® (or equivalent glucocorticoid) - 100 mg. IVP x1
 - ZYRTEC® (cetirizine) 10 mg. Tablets - 1 tab PO x 1
 - Other: _____

PLEASE NOTE: OUR OFFICE PROVIDE & DISPENSE ALL REQUIRED MEDICATIONS
ARBDA/IDYLLIC NPI: 1427622661 TAX ID: 85-1604336

Please contact our office if medication will be discontinued.