

# Ophthalmology Order Form

*Specialty-specific infusion order form for ophthalmology*

**REFERRING PROVIDER**

<b>PROVIDER NAME</b>	<b>NPI</b>	<b>DEA (IF CONTROLLED)</b>	<b>SPECIALTY</b>
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<b>PRACTICE / CLINIC NAME</b>	<b>OFFICE PHONE</b>	<b>OFFICE FAX</b>
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<b>OFFICE CONTACT NAME</b>	<b>CONTACT PHONE</b>	<b>CONTACT EMAIL</b>
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**PATIENT INFORMATION**

<b>PATIENT LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE INITIAL</b>
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<b>DATE OF BIRTH</b>	<b>SEX</b>	<b>PATIENT PHONE</b>	<b>BEST TIME TO CONTACT</b>
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<b>ADDRESS</b>	<b>CITY, STATE, ZIP</b>
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**INSURANCE**

<b>PRIMARY INSURANCE</b>	<b>MEMBER ID</b>	<b>GROUP #</b>
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<b>SECONDARY INSURANCE (IF ANY)</b>	<b>MEMBER ID</b>	<b>GROUP #</b>
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**DIAGNOSIS & CLINICAL JUSTIFICATION**

<b>PRIMARY DIAGNOSIS</b>	<b>ICD-10 CODE</b>
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<b>SECONDARY DIAGNOSIS (IF APPLICABLE)</b>	<b>ICD-10 CODE</b>
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**Common indications for this medication:** *Thyroid eye disease / Graves' ophthalmopathy (E05.00, H05.2x)*

**BRIEF CLINICAL SUMMARY / JUSTIFICATION FOR THERAPY**

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