

NEW PATIENT REFERRAL

Referral to Texas Oncology for infused non-oncology drugs

Drug to be infused: _____

Patient Name: _____

Date of Birth: _____ Contact Phone: _____

Referring Physician Information:

First Name: _____ Last Name: _____

Contact Phone: _____ Fax: _____

Texas Oncology will contact your patient for an initial consultation. After the consult, we will obtain insurance authorization for the infused drug(s) and schedule return visit(s) for infusion. We will fax our office visit notes from the consultation and any follow-up visits to the referring physician. We may also require assistance from the referring physician in the event of a denial and need for peer-to-peer.

Patient will require financial assistance: Yes No Unknown

Please fax the following information with the referral to 512-822-7591.

- ICD-10 Diagnosis code for infused drug: _____
- Written order for the drug, including SIG, signed by referring physician
- Medical records supporting diagnosis and order for drug
- Previously tried and failed treatments for diagnosis resulting in new drug order
- Copy of insurance card(s) front and back
- TOUCH program pre-enrollment form as needed (TYSABRI [natalizumab] only)

For questions, please call 512-982-3795.