Most referrals can be scheduled within 24–48 hours after receipt of complete documentation.

LEGACY INFUSIONS

Legacy Infusions and Injections

Patient Referral & Physician Order

7515 Greenville Avenue, Suite 508 | Dallas, TX 75231

(972) 927-2157
(682) 626-1857
info@legacyinfusion.com
www.legacyinfusion.com

1 PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

2 INSURANCE INFORMATION

Insurance Company: _____

Member ID: _____ Group #: _____

3 DIAGNOSIS

Primary Diagnosis: _____ ICD-10 Code: _____

4 MEDICATION ORDER

Medication (Please Specify)	Strength / Concentration	Dose	Route	Frequency	Duration	Refills

Additional Instructions / Premedications / Parameters: _____

5 PRESCRIBER INFORMATION

Physician Name: _____

Phone: _____ Fax: _____

SIGN

Physician Signature: _____ Date: _____

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