



Oregon Specialty Infusion

A Practice of Oregon Specialty Group

Phone: 503-540-9999 Fax: 503-540-3105

3025 Ryan Dr. SE, Salem, OR 97301

Please include the following information and check off that the information is included in the fax

- Completed OREGON SPECIALTY INFUSION ORDER FORM
- Current patient demographic sheet and a copy of the front/ back of insurance card(s)
if patient has two insurances or more, please indicate which is primary
- Signed Rx
- Recent history and physical
- Recent progress notes
must include failed therapies, clearly indicated with dose, duration and reason of failure
- CMP within the last 3-6 months Ferritin Levels within 30 days
*only applies to Injectafer and Venofer
- DEXA Scan within the last 2 years
only applies to Prolia and Evenity referrals
- Negative PPD Test or Quantiferon Gold within 1 year

FOLLOW UP INFORMATION WILL BE FAXED BACK TO THE REFERRING OFFICE
POST INFUSION FOR PHYSICIAN REVIEW.

Please, do not fax reimbursement support services forms to drug companies.

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