Referring Provider Reference Tool for Outpatient Infusion Order Requirements

ALL ORDERS REQUIRE THE FOLLOWING INFORMATION. FAILURE TO SEND THIS INFORMATION MAY RESULT IN YOUR PATIENTS TREATMENT BEING DELAYED:

- Patient Name and DOB
- ICD10 Code and Narrative
- Current Insurance Policy & Prior Authorization Number/Expiration date
- Patient Consent to treatment
- Home Medication List
- Allergies
- Current Height (cm) and Weight (kg)
- Required laboratory results for treatment (these need to be done prior to treatment)
- All medications to be administered including name, dose, route, frequency and preparation directions if necessary
- Access/Deaccess instructions of specialty lines:
  - PICC or Mediport and flushing requirements of each
- Last dictation or recent H&P addressing the diagnosis we are treating.
- Discharge Instructions
- Preferred start by date (To allow drug delivery, orders must be received 5 business days prior to preferred date for all non-antibiotic and non-blood product treatments)
- Printed and Physical Signature of the ordering provider

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