Coram®
CVS specialty™ infusion services

Branch Address: **4334 Brockton Drive SE, Suite D, Kentwood MI 49512**
Branch Fax Number: **1-616-698-0219**
Branch Phone Number: **1-616-698-0272**

Home Infusion Therapy Fax Referral

Please complete and attach signed orders, current labs, history and physical, then fax to Coram at the above number. Coram will call to confirm acceptance on service.

Referral Contact Name			
Phone	Fax		
☐ Hospital	☐ MD	☐ RN Agency	☐ Self
☐ Other	☐ Insurance	☐ Case Manager	

Patient Name	DOB
SSN	Parent/Guardian Details
Address	City, State Zip
Home Phone	Cell Phone

Insurance: Provide the following information, or attach photocopy of card, if available.

	Primary	Secondary
Subscriber Name		
Company		
Group Number		
ID Number		
Patient Relationship to Subscriber	☐ Parent ☐ Significant Other ☐ Child ☐ Other	☐ Parent ☐ Significant Other ☐ Child ☐ Other
Phone		

Primary Diagnosis			Height
Secondary Diagnosis			Weight
Allergies			
Access	☐ None	☐ Type	

	Therapy 1	Therapy 2
Therapy Ordered	☐ Anti-Infective	☐ Anti-Infective
	☐ Aralast	☐ Aralast
	☐ Inotrope	☐ Inotrope
	☐ IVIG	☐ IVIG
	☐ Pain Management	☐ Pain Management
	☐ Parenteral Nutrition–Home Start ☐ Yes ☐ No	☐ Parenteral Nutrition–Home Start ☐ Yes ☐ No
	☐ Other	☐ Other
Start of Care Date		
Length of Therapy		

Nursing Agency	☐ Referring	☐ Assigned	☐ To Be Assigned	☐ N/A
Prescribing Physician				
Office Contact Person				
Phone	Fax			

FC001–10/10/08 REV