

# Hydration Infusion Referral Form



**Patient Preferred Clinic** (select one):

## PATIENT INFORMATION

**Referral Status:**  New Referral  Updated Order  Order Renewal

DOB: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_

**Patient Status:**  New to Therapy  Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## NURSING

Infusion to be administered per Vivo protocols.

## IV HYDRATION THERAPY ADMINISTRATION (self pay)

### LABORATORY ORDERS

CBC  at each dose  every \_\_\_\_\_  
 CMP  at each dose  every \_\_\_\_\_  
 CRP  at each dose  every \_\_\_\_\_  
OTHER \_\_\_\_\_

1000 ml Normal Saline (\$129)

500 ml Normal Saline (\$119)

Frequency: \_\_\_\_\_

Hydration will be infused over one hour unless otherwise ordered by referring provider.

## NOTES/ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions.

\_\_\_\_\_  
**Provider Name (Print)**

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Date**

**Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com) OR Fax Below**

**Have a Question? Call (720) 902-4111**

Colorado: 303-418-4679

Michigan: 833-957-2188

New York: 800-540-1852

Texas: 469-340-0044

Connecticut: 203-724-4838

Minnesota: 763-290-0903

Ohio: 216-400-0674

Virginia: 804-500-5941

Florida: 904-930-4211

Nevada: 702-489-5744

Oklahoma: 918-770-4421

Wisconsin: 414-600-5383

Massachusetts: 800-540-1852

New Jersey: 800-540-1852

Pennsylvania: 215-399-9244