

# Intralipid Referral Form



Preferred Clinic (select one):

<b>PATIENT INFORMATION</b>		<b>Referral Status:</b>	New Referral	Updated Referral	Referral Renewal
DOB:	Patient Name:	Patient Phone:			
Patient Address:		Patient Email:			
NKDA Allergies:	Weight (lbs/kg):		Height:		
ICD-10 Code (required):	ICD-10 Description:	Last Treatment Date:	Last 4 Digits SSN:		

<b>PROVIDER INFORMATION</b>			
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.

**LABORATORY ORDERS**

<input type="checkbox"/> CBC	at each dose	every _____
<input type="checkbox"/> CMP	at each dose	every _____
<input type="checkbox"/> CRP	at each dose	every _____
OTHER _____		

**INTRALIPID THERAPY ADMINISTRATION (\$300/treatment)**  
**\*\*Medication to be obtained by patient\*\***

Intralipids 20% 100 ml in 0.9% Sodium Chloride (500 ml)  
Intralipids 20% 250 ml in 0.9% Sodium Chloride (750 ml)

**PREMEDICATIONS**

acetaminophen (Tylenol) 500 mg 650 mg 1000 mg PO  
cetirizine (Zyrtec) 10mg PO  
loratadine (Claritin) 10mg PO  
diphenhydramine (Benadryl) 25 mg 50 mg PO IV  
methylprednisolone (Solu-Medrol) 40mg 125mg IV  
hydrocortisone (Solu-Cortef) 100mg IV  
Other: \_\_\_\_\_  
Dose: \_\_\_\_\_ Route: \_\_\_\_\_

**REQUIRED DOCUMENTATION**

- Patient Demographics
- Progress Notes Supporting Dx
- Medication List and H&P

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. \*\*Order is valid for one year unless otherwise noted\*\*

Provider Name (Print)	Provider Signature	Date
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<b>Email Referrals To: <a href="mailto:referrals@vivoinfusion.com">referrals@vivoinfusion.com</a> OR Fax Below</b>		<b>Have a Question? Call (720) 902-4111</b>	
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: 781-202-1629	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244	