



91 - 2127 FORT WEAVER ROAD, EWA BEACH, HAWAI'I, 96706 | PHONE: (808) 691 - 3777 | FAX: (808) 686 - 2108

PHYSICIAN'S ORDER

PATIENT NAME:		DOB: / /
ORDER DATE: / /	TIME:	QMC Generic equivalent may be dispensed unless "Do Not Substitute" written
MEDICATION:		
DOSE:		
FREQUENCY:		
ROUTE:		
ICD-10:		
Instruction(s):		
PHYSICIAN'S NAME:		
PHYSICIAN'S SIGNATURE:		

Please submit/send the following items to ensure timely scheduling:

- Recent Progress Notes
- Recent Labs
- Authorization
 - Written notice from insurance authorized or no prior authorization required
 - All infusion treatment is considered a "MEDICAL BENEFIT"
 - Do not file authorization under "PHARMACY BENEFIT" or "MEDICARE PART D"
 - We are a "buy and bill" outpatient treatment center
 - If Medicare is primary, we still require secondary coverage authorization submission
 - All patient's diagnosis must meet CMS criteria/medical necessity

FOR OFFICE USE ONLY:

Appointment Date: _____ Appointment Time: _____

Authorization Received Labs Received Clinical Notes Received

Other Item(s) Needed: _____