

What is needed to schedule a patient to the Infusion Unit at Samaritan Medical Center

Name: _____

DOB: _____

- Orders:**
- Need to have patient's name and DOB
 - Need to have the diagnosis written on order
 - Are dated, timed and signed by the Physician
 - Have patient's current height and weight
 - Medication Allergies are written on order
 - Need to be on a Samaritan doctor order sheet or SMC approved order sheet; prescription pad sheets will not be accepted
 - If patient has vascular access device please write an order to access device and to flush per SMC protocol or the Physician can sign, date and time the SMC vascular order sheet

If patient is being booked for a Transfusion or a Medication that requires a consent:

(Examples: Remicade/Inflixtra, Blood Products except IVIG)

Consent must be signed, timed and dated by both the patient and ordering Physician. Blood Consents require a witness signature also

Prior Auth: *All Patient's must have Prior Authorization or a reference number before being booked*

Has Prior Authorization been completed?

No Auth Required Reference # _____

Yes Authorization # _____

No

Medication: Is Medication Own Insurance Supply?

Yes

No

Is this a Free Program Medication?

Yes

No

Does SMC Pharmacy need to provide medication?

Yes

No

**Please fax this sheet to (315) 779-5274 along with orders.
Call (315) 779-5276 with any questions.**