INFUSE CARE
PREMIER MEDICAL INFUSIONS

PHYSICIAN DOCUMENTS
Fax 1-732-960-3449 · Phone 732-444-8808
301 Lakehurst Rd, Suite 301, Toms River, NJ

Secure Document Submission

Please provide additional instructions and relevant clinical documentation.

An order must be completed and received before submitting additional treatment documents. If you have not completed the order, please complete the Infuse Care physician order form for the medication first.

PATIENT

Patient first name * _____ Last name * _____

Date of birth * _____ Medication * _____

TREATMENT DOCUMENTS

Please refer to the order form for the selected medication to see the supporting clinical documentation required to submit this order. Incomplete documentation will delay the treatment process.

Documents enclosed / instructions

Number of pages (including this sheet) _____

OFFICE CONTACT INFORMATION

Office contact first name * _____ Last name * _____

Phone number * _____ Fax number * _____

Work email * _____

A confirmation of this order will be sent to this email. Please verify it is valid to protect patient health information.

Fax this sheet with the clinical documents to 1-732-960-3449. Questions? Call 732-444-8808 or email admin@infusecare.com.