

Outpatient IV Therapy Order Form

Please submit the following items for insurance approval & patient scheduling.

- 1. Patient demographics with insurance information
- 2. Physician notes indicating need for treatment
- 3. Associated lab results or an order to draw labs
 - a. Iron products-iron studies
 - b. Prolia/Evenity/Reclast-calcium & creatinine level within the last 90 days
 - c. Immunotherapy- negative TB & hepatitis B test results
- 4. Diagnostic testing, if indicated.
 - a. Prolia-bone density test results within the last 2 years

Referring Office:	Physician: Ext:	
Referral Point of Contact:		
Address:	City:	State: GA ONLY
Phone Number:	Fax Number:	
Patient Name:	DOB:	
ICD-10 Diagnosis Code(s):		
Medication/Treatment:		
Please include medication or treatmer	nt name, dosage, route of	administration,
frequency & duration. **Prolia, Evenit	y & Leqvio order are ren	ewed annually. All other
orders are renewed every 6 months.	**	
Physician Signature:		Date:
,		

Please fax the Outpatient IV Therapy Order Form & supporting documents to Houston Healthcare Central Scheduling: 1-866-439-0210.

Houston Healthcare – Warner Robins, IV Therapy Department 1601 Watson Blvd. Warner Robins, GA Office Phone: 478-542-7999 Fax: 478-322-4817

Operating Hours: Monday – Friday: 6:30 AM – 7:00 PM; Saturday & Sunday: 7:00 AM – 5:00 PM Located on the 2nd Floor. Enter through Same Day Services (located behind the hospital).