

REFERRAL FOR INFUSION



ARTHRITIS, OSTEOPOROSIS
& INFUSION CENTER

Ph: 425-453-0766 ext: 4 | Fax: 425-669-6296

Date: ____ / ____ / ____

Treatment Location: _____

***Please fax a copy of the following patient information:** Demographics Insurance Information Current Lab Results
 H & P Relevant to the Diagnosis Current Medications

PATIENT INFORMATION

Patient Name: _____

DOB: ____ / ____ / ____

Allergies: _____

Weight: _____ lbs/kg Height: _____

Diagnosis: _____

ICD-10: _____

PROVIDER INFORMATION

Printed Provider's Name: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____

Office Address: _____

Contact Person: _____

MEDICATION INFORMATION

Medication and Dose: _____

Frequency and Duration: _____

Start Date of Infusion: ____ / ____ / ____ End Date of Infusion: ____ / ____ / ____

Other Orders or Special Instructions: _____



ARTHRITIS, OSTEOPOROSIS
& INFUSION CENTER

OUR CLINIC RECENTLY RELOCATED. SAME EXCELLENT CARE, AT OUR ALL INCLUSIVE FACILITY. THIS CENTER OF EXCELLENCE IS HERE TO SERVE YOU!

ADDRESS: 2100 116TH AVE NE BELLEVUE WA, 98006

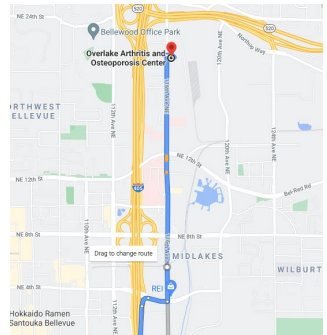
PHONE: (425)-453-0755

HOURS: MONDAYS-FRIDAYS, 8AM-5PM

DIRECTIONS:

FROM SOUTHBOUND:

1. TAKE EXIT 13A-B OFF I-405 N AND KEEP RIGHT FOR NE 4TH ST
2. TURN LEFT ONTO 116TH AVE NE
3. CONTINUE ON 116TH AVE NE NORTH PAST THE OVERLAKE HOSPITAL (LEFT).
4. DESTINATION WILL BE ON THE RIGHT.



FROM NORTHBOUND:

1. TAKE EXIT 14 TO MERGE ONTO WA-520W TOWARD SEATTLE FROM I-405
2. USE THE RIGHT LANE TO TAKE THE 108TH AVE NE EXIT
3. TURN RIGHT ONTO NORTHUP WAY
4. TURN RIGHT ONTO 116TH AVE NE
5. CONTINUE STRAIGHT DESTINATION WILL BE ON THE LEFT

