



Antimicrobial Therapy

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes.
Trinity Health will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: _____

Referral Status: [] New Referral [] Dose or Frequency Change [] Renewal

Form containing fields for Patient Name, Date of Birth, Weight, Height, Allergies, Primary Insurance, Member ID, Secondary Insurance, Member ID, Diagnosis, Lab Orders, Frequency, Pre-medications, Antimicrobial Therapy, Frequency, Nursing Orders, Provider Name, Office Phone Number, Attending Physician Name, Provider Signature, Office Fax Number.