

Phone: 732-390-7750 Fax: 844-683-2244 PATIENT REFERRAL FORM

AsteraCancerCare.org

NEUROLOGY

Patient Name:		Pt. DOB:	/	/
	Middle			
Patient Address:				
Patient City:	Pt. State:	Pt. Zi	p:	
Patient Phone: ()		Pt. Height:		in.
DX:		Pt. Weight	:	lbs.
Patient Allergies:				
Insurance:		ID#:		
Referred by:		NPI#:		
Office Contact (Required):		ice Ph:()		
		ice Fax: ()		
Office Administrator (Required):	Administra	itor Ph:()		
 Edison DJersey City DMonroe DRobbinsv Required Items/Infusion Process: Valid/signed written prescription including (prescription only valid for 6 months, inclu 	g name of medication, ex			1
 Copy of current insurance card 				
□ Recent MD consultation notes: relevant dis	sease being treated must	t be mentioned in	report	
Allergies and current medication list				
Current labs required for specific medicatio		ving page(s) of this	form	
Has the patient initiated treatment at your off	fice?	<i>Yes</i>	🗆 No	
If any future lab tests are needed, please pr		scription, and have	e patient	bring on
day of treatment. Results will be sent to refer	ring physician.			
Please note:				
 A Letter of Medical Necessity is required for 				•
include diagnosis, previous treatments/respor			• •	
2. Benefit investigations, copay assistance and	-	-		-
if required by the payer. <u>Right to auto-substin</u>				
notes providing supportive documentation are	e required for authorizati	ion requests which	ו may tak	e 3-5 busines

days depending on the payer and receipt of complete documentation from the referring office. The precert staff will update the referring doctor's office during this process and contact the patient to discuss cost and financial assistance options. For certain medications, patients will be required to register/enroll with the pharmaceutical company prior to rendered services and will receive a call from an Astera Financial Counselor to assist with this process.

3. A pretreatment education session will be provided by an Advanced Practice Provider.

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4. Once the infusion is complete, a follow-up notice will be faxed to the to the referring provider.

Patient Name:				DOB: / /	
	Last	First	Middle		

Please check the box for medication requested, attach required documentation as noted below, and fax all documents to our office at 844.683.2244. Once all documentation is received, we will contact your patient to schedule an appointment. Thank you!

Medication	Required Current Lab Results					
Note: Progress notes and labs must be completed within the previous 6 months for all new and renewed prescriptions.						
Briumvi	CBC, Quantitative Serum Immunoglobulin, Prior to initiation – Hep B Serology (Hep B surface antigen, Hep B surface antibody and Hep B core antibody) Confirm No Vaccinations within 4 Weeks of Therapy					
Evenity	CMP, Dexa Scan within 2 years Confirm pt. has not had an MI or stroke within previous year					
□ IVIG	Hematocrit, Hemoglobin, IgG Concentrations, Platelets, Renal Function Tests, Urine Output Provide dose basis in mg/kg. Doses will be rounded to the nearest vial size available.					
🗆 Kisunla	Prior to initiation – confirm presence of amyloid beta pathology and brain MRI (within 1 year)					
🗆 Leqembi	Prior to initiation – confirm presence of amyloid beta pathology and brain MRI (within 1 year)					
	CBC, prior to initiation - Hep B Serology (Hep B surface antigen, Hep B surface antibody and Hep B core antibody) Confirm No Vaccinations within 4 Weeks of Therapy 					
 Radicava None Rituxan/Riabni/Truxima/Ruxience (CMS approved indications only - Biosimilar might be replaced if appropriate) CBC, prior to initiation - Hep B Serology (Hep B surface antigen, Hep B surface antibody and Hep B core antibody) Confirm No Vaccinations within 4 Weeks of Therapy 						
□ Soliris	Meningococcal Vaccination					
Tysabri	MRI (MS patients), TOUCH Program Registration					
🗆 Vyepti	None					
Vyvgart	Anti-AChR Antibody Positive, No Live Vaccines During Therapy					
Vyvgart Hyt	rulo (SQ – CIDP and Myasthenia Gravis) Anti-AChR Antibody Positive (Myasthenia Gravis only). No live vaccines during therapy. Confirm no active infection.					