

Sarasota Arthritis Center
 1945 Versailles St
 Sarasota, FL 34239
 941-365-0770
 F 941-954-7613

Bradenton Arthritis Center
 6020 SR 70 E, Suite 103
 Bradenton, FL 34203
 941-567-4021
 F 941-567-4024

Venice Arthritis Center
 1225 Jacaranda Blvd.
 Venice, FL 34292
 941-484-4409
 F 941-485-3444

FOR PROVIDERS ONLY

REFERRING PROVIDER:	PHONE #:
	FAX #:
PATIENT NAME:	DATE OF BIRTH (Month/Day/Year):
PATIENT INSURANCE (Primary):	POLICY ID#
PATIENT INSURANCE (Secondary):	POLICY ID#
INFUSION MEDICATION (IV/SQ): <input type="checkbox"/> Actemra IV <input type="checkbox"/> Remicade <input type="checkbox"/> Benlysta <input type="checkbox"/> Renflexis <input type="checkbox"/> Cimzia Inj <input type="checkbox"/> Rituxan <input type="checkbox"/> Cosentyx IV <input type="checkbox"/> Ruxience <input type="checkbox"/> Entyvio <input type="checkbox"/> Saphnelo <input type="checkbox"/> Evenity <input type="checkbox"/> Simponi Aria <input type="checkbox"/> Ilumya <input type="checkbox"/> Skyrizi IV <input type="checkbox"/> Ilaris <input type="checkbox"/> Spevigo <input type="checkbox"/> Krystexxa <input type="checkbox"/> Stelara IV/Inj <input type="checkbox"/> Ocrevus <input type="checkbox"/> Truxima <input type="checkbox"/> Orencia <input type="checkbox"/> Tysabri <input type="checkbox"/> Prolia <input type="checkbox"/> Reclast	REF. PROVIDER SPECIALTY: <input type="checkbox"/> Gastroenterology <input type="checkbox"/> PCP/ <input type="checkbox"/> Neurology <input type="checkbox"/> PMD <input type="checkbox"/> Dermatology <input type="checkbox"/> Other ICD-10/DIAGNOSIS: LOCATION: <input type="checkbox"/> Sarasota <input type="checkbox"/> Bradenton <input type="checkbox"/> Venice

To Whom It May Concern,

I want to refer the patient listed above to your office for infusion treatment.
 For questions regarding this referral, feel free to contact our office. Thank you!

To expedite the processing of this referral please provide our office the following:

- Infusion order (if patient is already on drug)**
- Last infusion flow sheet**
- Last OV note**
- Most recent labs and/or imaging (OP referrals require a DEXA if available)**
- Full demographic sheet with copy of insurance card(s)**