



Cascade ID & Infusion

Phone: 503-540-9999 Fax: 503-540-3105

2720 Commercial St. SE, Suite 201
Salem, Oregon 97302

Please include the following information & check off that the information is included in the fax

- Completed CASCADE INFUSION SPECIALTY ORDER SHEET
 - Current patient demographic sheet & copy of the front/back of insurance card(s)
(if patient has two insurances, please indicate which is primary)
 - Signed Rx
 - Recent history & physical
 - Recent progress notes *Must include failed therapies*
 - CMP (within the last six months)
 - DEXA Scan *Only applies to Boniva, Prolia, and Reclast*
 - PPD Test (if applicable)
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FOLLOW UP INFORMATION WILL BE FAXED BACK TO REFERRING OFFICE
POST INFUSION FOR PHYSICIAN REVIEW.

Please make sure to include patient signed
Drug Company Reimbursement Support Services Forms

Please do not fax reimbursement forms to drug companies.

PLEASE CALL IMMEDIATELY IF YOU HAVE RECEIVED THIS FAX IN ERROR OR DID NOT RECEIVE ALL PAGES. This information is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination or distribution of this communication to other than the intended recipient is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at 503-540-9999 and return the original message to us at the above address via the U.S. Postal Service.