



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 and check off that the information is included in the fax

- Completed CASCADE ID & INFUSION SPECIALTY ORDER FORM
- Current patient demographic sheet and a copy of the front/ back of insurance card(s)
if patient has two insurances or more, please indicate which is primary
- Signed Rx
- Recent history and physical
- Recent progress notes
must include failed therapies, clearly indicated with dose, duration and reason of failure
- CMP within the last 3-6 months
- DEXA Scan within the last 2 years
only applies to Boniva, Prolia and Evenity referrals
- Negative PPD Test or Quantiferon Gold within 1 year

FOLLOW UP INFORMATION WILL BE FAXED BACK TO THE REFERRING OFFICE
POST INFUSION FOR PHYSICIAN REVIEW.

Please, do not fax reimbursement support services 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.