

# REFERRAL FOR INFUSION



**OAOC**  
INFUSION CENTER

Ph: 425-453-0766 ext: 4 | Fax: 425-669-6296

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Treatment Location: \_\_\_\_\_

**\*Please fax a copy of the following patient information:**  Demographics  Insurance Information  Current Lab Results  
 H & P Relevant to the Diagnosis  Current Medications

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs/kg Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## MEDICATION INFORMATION

Medication and Dose: \_\_\_\_\_

Frequency and Duration: \_\_\_\_\_

Start Date of Infusion: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date of Infusion: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Other Orders or Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## INFUSION CENTER

OUR CLINIC RECENTLY RELOCATED. SAME EXCELLENT CARE, AT OUR ALL INCLUSIVE FACILITY. THIS CENTER OF EXCELLENCE IS HERE TO SERVE YOU!

**ADDRESS: 2100 116<sup>TH</sup> AVE NE BELLEVUE WA, 98006**

PHONE: (425)-453-0755

HOURS: MONDAYS-FRIDAYS, 8AM-5PM

### DIRECTIONS:

#### FROM SOUTHBOUND:

1. TAKE EXIT 13A-B OFF I-405 N AND KEEP RIGHT FOR NE 4<sup>TH</sup> ST
2. TURN LEFT ONTO 116<sup>TH</sup> AVE NE
3. CONTINUE ON 116<sup>TH</sup> AVE NE NORTH PAST THE OVERLAKE HOSPITAL (LEFT).
4. DESTINATION WILL BE ON THE RIGHT.

#### FROM NORTHBOUND:

1. TAKE EXIT 14 TO MERGE ONTO WA-520W TOWARD SEATTLE FROM I-405 S
2. USE THE RIGHT LANE TO TAKE THE 108<sup>TH</sup> AVE NE EXIT
3. TURN RIGHT ONTO NORTHUP WAY
4. TURN RIGHT ONTO 116<sup>TH</sup> AVE NE
5. CONTINUE STRAIGHT DESTINATION WILL BE ON THE LEFT

