

REFERRAL FOR INFUSION



OAOC
INFUSION CENTER

Ph: 425-453-0766 | Fax: 425-533-2540

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: _____



OAOC

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 116TH 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 4TH ST
2. TURN LEFT ONTO 116TH AVE NE
3. CONTINUE ON 116TH 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 108TH AVE NE EXIT
3. TURN RIGHT ONTO NORTHUP WAY
4. TURN RIGHT ONTO 116TH AVE NE
5. CONTINUE STRAIGHT DESTINATION WILL BE ON THE LEFT

