General Order Form

OIS Ohio Infusion Services

Patient Information

Patient Name: _____ DOB: _____ Contact Phone Number: _____

Primary Insurance Name: _____

Policy Holder Name: _____ Policy Holder DOB: _____

ID Number: _____ Group Number: _____

Secondary Insurance Name: _____

Policy Holder Name: _____ Policy Holder DOB: _____

ID Number: _____ Group Number: _____

Ordering Physician Information

Physician Name: _____ Phone Number: _____

NPI: _____ Office Contact Person: _____

Orders

Drug: _____ Dose: _____

Route of Administration: _____ Number of Refills: _____

Diagnosis: _____

Optional Instructions (i.e. pre-medications, rates of administration, etc.):

Ordering Physician Signature: _____ Date: _____

Please Note:

- A copy of the patient's insurance card(s) must be included with this form.
- A signed physician order is required. This form can serve as the order, provided it is printed, signed by the ordering physician, and then faxed to *(440) 443-0700* or emailed to *mack@ohioinfusionservices.com*.

OIS Direct Line: (440) 443-0723 | Email: mack@ohioinfusionservices.com
East Side Location: 5915 Landerbrook Dr, Suite 110, Mayfield Heights, OH 44124
West Side Location: 25761 Lorain Road, Floor 3, North Olmsted, OH 44070