



HOUSTON HEALTHCARE

Outpatient IV Therapy Order Form

Please submit the following items for insurance approval & patient scheduling.

1. Patient demographics with insurance information
2. Physician notes indicating need for treatment & prior failed therapy
3. Associated lab results or an order to draw labs
 - a. Iron products-iron studies
 - b. Prolia/Evenity/Reclast-calcium & creatinine level within the last 90 days
 - c. Immunotherapy- negative TB & hepatitis B test results
4. Diagnostic testing, if indicated.
 - a. Prolia-bone density test results within the last 2 years

Referring Office: _____ Physician: _____

Referral Point of Contact: _____ Ext: _____

Address: _____ City: _____ State: GA ONLY

Phone Number: _____ Fax Number: _____

Patient Name: _____ DOB: _____

ICD-10 Diagnosis Code(s): _____

Medication/Treatment:

Please include medication or treatment name, dosage, route of administration, frequency & duration. ****Prolia, Evenity & Leqvio order are renewed annually. All other orders are renewed every 6 months. ****

Physician Signature: _____ Date: _____

**Please fax the Outpatient IV Therapy Order Form & supporting documents to
Houston Healthcare Central Scheduling: 1-866-439-0210.**

Houston Healthcare – Warner Robins, IV Therapy Department
1601 Watson Blvd. Warner Robins, GA
Office Phone: 478-542-7999 Fax: 478-322-4817

Operating Hours: Monday – Friday: 6:30 AM – 7:00 PM; Saturday & Sunday: 7:00 AM – 5:00 PM
Located on the 2nd Floor. Enter through Same Day Services (located behind the hospital).