



Lyme Patient Referral Form

Patient Information		Physician Information	
Name		Name	
Address		Address	
Patient D.O.B		Phone	Fax
Patient home phone		Back line	
Patient cellular		LIC #	
Patient email address		DEA #	NPI #
Emergency Contact		Hospital for PICC placement	
Emergency Contact Phone		Other:	

**** Please FAX any additional information supporting the diagnosis ****

Referral Date		IV Start Date		
Would you like Home Care Solutions to coordinate venous access placement? Yes No		Benefit Check Only? <input type="checkbox"/>		
Venous Access	PICC	Port	Central	Peripheral

- Diagnosis** 088.81-Lyme disease 088.82-Babesia 088.0-Bartonella
082.40-Ehrlichia 438.0-Cognitive impairment 784.9-Headache 729.1-Myalgia
348.3-Encephalopathy 288.0-Neutropenia 719.4-Pain in Joint

- Ceftriaxone 2g Q _____ QD BID TID _____ days/week x _____
 Zithromax 500mg Q _____ QD BID TID _____ days/week x _____
 Primaxin 500mg 1g Q _____ QD BID TID _____ days/week x _____
 Doxycycline 100mg Q _____ QD BID TID _____ days/week x _____
 Invanz 1g Q _____ QD BID TID _____ days/week x _____
 Other _____ Q _____ QD BID TID _____ days/week x _____

- gravity drip minibag; mix with _____ over _____ elastomeric device IV Push; mix with _____ over _____

Special Order _____

- | | | |
|------------|------------------|-----------------------------------------|
| Blood Draw | CBC w diff | <input type="checkbox"/> Standing Order |
| | Hepatic function | <input type="checkbox"/> Standing Order |
| | Renal function | <input type="checkbox"/> Standing Order |
| | Nursing | <input type="checkbox"/> Standing Order |
| | Other | <input type="checkbox"/> Standing Order |

Please include the following information: both sides of all insurance cards (if not available QMedRx will call patient ©)
Results of Western Blot test Patient Medication List Office Notes H&P

Physician Signature _____ Date _____

Tel: 888.273.9820
Local Tel: 407.339.6500

Fax: 877.644.3895
Local Fax: 321.527.3342

