

Home and/or Infusion Suite Referral Check List

Fax to Vital Care of South Dallas

Phone: 945-212-3707

Fax: 866-790-3580

Demographics: Patient's Name, DOB, Address, Phone, Insurance Information (copy of cards,) and Social Security Number

H & P: Or, the most recent office notes with Diagnosis (Dx,) including height, weight, allergies, diabetic status, and current home medications

Orders: Medication, dose, frequency, length of need

Labs: *(Latest patient labs, if available)*

Nursing

Nursing*Vital Care to set up*

Nursing currently in home _____ *(Name of Nursing Agency)*

Patient to come to alternate site for Infusion, and/or PICC dressing changes and labs

Access

Vital Care to set up PICC/Midline and first dose (Will need order for line placement)

Physician's office/Facility to set up PICC/Midline and first dose

Patient has access _____ (Port, PICC)

Patient to have Peripheral Access

***Call Us with Your Next IVIG/SCIG and/or
Ancillary/Specialty Infusion Patient Case; We're
honored to have the opportunity to work with
you!***

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