VEROS HEALTH
Excellence in Complex Care

Orbactiv® & Kimyrsa™ Referral Form

Please complete the following and fax with demographics sheet, H&P, progress notes, medication list, and lab results to: 720.279.7461

Referral Process

1. PATIENT INFORMATION	2. PHYSICIAN INFORMATION
Name:	Physician's Name:
Address:	ARNP/PA:
City: State: Zip:	License #:
Home Phone: Other Phone:	NPI #:
Caregiver Name:	DEA #: PA #:
Caregiver Relationship:	Hospital:
Caregiver Phone:	Office Contact:
Discharge Date: Start of Care Date:	Address:
Patient signed a DNR? ☐ Yes ☐ No	City: State: Zip:
Email:	Phone:
DOB: Social Security #:	Fax:
Gender: ☐ M ☐ F Height: Weight:	Nursing Agency:
Allergies:	Nursing Agency Phone:

3. DIAGNOSIS Please complete with ICD code and description.

4. INSURANCE INFORMATION
Please submit copies of the front and back of primary and secondary insurance cards with this referral.

5. ORBACTIV or KIMYRSA ADMINISTRATION ORDERS* Carefully follow dose preparation and administration guidelines per manufacturer

☐ **Orbactiv 1200 mg/1000 ML D5WIV over 3 hours x 1 dose, administered by a registered nurse**

☐ **Orbactiv** _____

☐ **Kimyrsa 1200 mg/250 ML NS or D5W IV over 1-hour x 1 dose, administered by a registered nurse**

☐ **Kimyrsa** _____

* Note: A clinical pharmacist from Soleo Health is available for consultation at the phone number at the top of this form.

FLUSH ORDERS
PIV/midline/PICC: Flush before, after each infusion, and as needed with 3-20 mL D5W (Orbactiv) or NS (Kimrysa), followed by Heparin 10 unit/mL,2-5 mL if indicated
Port: Flush before, after each infusion, and as needed with 5-20 mL D5W (Orbactiv) or NS (Kimrysa), followed by Heparin 100 unit/mL 5 mL.

ANAPHYLAXIS ORDERS
Adults: For mild reaction-administer diphenhydramine 50mg IVP/PO x 1.
For severe reactions-administer epinephrine 0.3mg SubQ/IM x 1. May repeat x1 if needed. Contact 911 and monitor vital signs.
☐ Other: _____

Labs: _____

6. ☐ Dispense as written

PHYSICIAN'S SIGNATURE (required): _____ **Date:** _____

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Prescription is valid for one year unless otherwise indicated. The prescriber is to comply with his/her state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Non-compliance with state-specific requirements could result in an outreach to the prescriber.