



FAX: (901) 387-5149 Email:Melissa.McCann@lebonheur.org

Patient Information				
Name (First, Last)		DOB	SSN	Birth Wt
Address Primary Guardian				
Patient one of multiple births? 2 Yes				
Sibling name(s)				
Insurance Information				
2No Insurance 2Copy of Front ar	nd Back of Medical and/or Pharm	acy Card Included		
	Primary Insurance	Secondary Ins	urance	Pharmacy Benefit
Insurance Name				
Cardholder Name (if not patient)/DOB				
Group Number				
Policy Number				
Insurance Phone #				
BIN #	N/A		-N/A-	
Independent Practice Association (IPA	\) / Accountable Care Organizatio	on (ACO) (if applicable):		
Prescriber Information	Treating	()) ()	Referring	
Provider Name				
Site Name				
Site Address (Street/City/State/ZIP)				
Telephone # / Fax #		1		
Office Contact		·		
NPI#				N/A
License # / Tax ID #		1		N/A
Medicaid Provider # / DEA #		1	N/A	
Diagnosis				
Diagnosis				
5 11 11 1 11 1 10 10				
Patient's gestational age (GA)				
PRIMARY: ICD-9		or ICD-1	0	
PRIMARY: ICD-9		or ICD-1	0	
PRIMARY: ICD-9SECONDARY: ICD-9	D-9 codes used for Synagis	or ICD-1	0	
PRIMARY: ICD-9	D-9 codes used for Synagis al records included : lung disease of prematurity/bro	or ICD-1 or ICD-1 onchopulmonary dysplasia a	00	
PRIMARY: ICD-9 SECONDARY: ICD-9 See fax cover sheet for common IC CLINICAL INFORMATION: Medic 1. CLDP/BPD: Diagnosis of chronic Is patient receiving medical treatment	D-9 codes used for Synagis al records included lung disease of prematurity/bro	or ICD-1 or ICD-2 onchopulmonary dysplasia a last date received):	0 nd ≤24 months of age	(Specific Diagnosis Code)
PRIMARY: ICD-9 SECONDARY: ICD-9 See fax cover sheet for common IC CLINICAL INFORMATION: CLDP/BPD: Diagnosis of chronic Is patient receiving medical treatment Cygen date:	D-9 codes used for Synagis al records included : lung disease of prematurity/bro (check all that apply and provide Corticosteroids date:	or ICD-1	0 nd ≤24 months of age	(Specific Diagnosis Code) Diuretics date:
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PRIMARY: ICD-9 SECONDARY: ICD-9 See fax cover sheet for common ICC CLINICAL INFORMATION: 1. CLDP/BPD: Diagnosis of chronic Is patient receiving medical treatment Oxygen date: 2. CHD: Diagnosis of hemodynamica Patient has the following condition: (cf.) Medications for CHD: Date CHD medications were last rec 3. Indicate applicable risk factors: Congenital abnormality of airways Family history of asthma or whee: Multiple births 4. Additional information: Other medical history: Prescription Information Was Synagis® (palivizumab) previousl Expected date of first/next dose: Deliver product to: Office Patient's Agency nurse to visit home for injection Irred ** RX Synagis® (palivizumab) Epinephrine 1:1000	D-9 codes used for Synagis al records included clung disease of prematurity/bro (check all that apply and provide Corticosteroids date: Illy significant congenital heart disease all that apply) recived: Servere neuromuse Zing Residency in rural Exposure to environ y administered (NICU/hospital/ot) shome Clinic Clinic Name and n? No Yes Agency name a ab) 50 mg and/or 100 mg vials. In amp. Sig: Inject 0.01 mg/kg IM/S	or ICD-1 or	o	(Specific Diagnosis Code
PRIMARY: ICD-9 SECONDARY: ICD-9 See fax cover sheet for common ICC CLINICAL INFORMATION: 1. CLDP/BPD: Diagnosis of chronic Is patient receiving medical treatment Oxygen date: 2. CHD: Diagnosis of hemodynamica Patient has the following condition: (cf.) Medications for CHD: Date CHD medications were last rec 3. Indicate applicable risk factors: Congenital abnormality of airways. Family history of asthma or whee: Multiple births 4. Additional information: Other medical history: Prescription Information Was Synagis® (palivizumab) previousl Expected date of first/next dose: Deliver product to: Office Patient's Agency nurse to visit home for injection Indicate Agency nurse to visit home for injection RX Synagis® (palivizuma) Epinephrine 1:1000	D-9 codes used for Synagis al records included clung disease of prematurity/bro (check all that apply and provide Corticosteroids date: Illy significant congenital heart disease all that apply) recived: Servere neuromuse Zing Residency in rural Exposure to environ y administered (NICU/hospital/ot) shome Clinic Clinic Name and n? No Yes Agency name a ab) 50 mg and/or 100 mg vials. In amp. Sig: Inject 0.01 mg/kg IM/S	or ICD-1 or	o	(Specific Diagnosis Code) ② Diuretics date: oderate to severe pulmonary hypertensic bling(s) (<5 years of age) ated children for >4 hours/week St., 400R; Memphis TN. 38103