



## Checklist for Vitamin B12 (cyanocobalamin) Injection Referral

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Office Contact/Title/Email: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Best contact number for physician in case of reaction: \_\_\_\_\_

*Please return completed checklist and checklist items to initiate referral. Use this form as fax cover sheet.*

- Patient demographic information
- Insurance information and copy of insurance card/s (front and back). \*Include primary and secondary insurance
- Supporting clinical notes and office visits. Two notes preferred.
  - Note should include any therapies tried/failed, and must include discussion about Vitamin B12
  - Medication list and allergies
- Supporting lab reports for vitamin B12 treatment
- Vitamin B12 Prescribing Order (see attached)

**-- We will obtain prior authorization and schedule your patient as soon as possible --**

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**Fax all information to our Infusion Coordinator: 508-698-8671**

Call with any questions: 781-551-5812 option 4

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Visit our website: [www.InfusionCenterNE.com](http://www.InfusionCenterNE.com)

Email: [Info@infusioncenterne.com](mailto:Info@infusioncenterne.com)



## Prescribing Order: Vitamin B12 (cyanocobalamin) Injection

Date of Order: \_\_\_\_\_

New Start  Maintenance

Date of last injection: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

M/F: \_\_\_\_\_

Diagnosis (include ICD-10 code/s): \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_

### Vitamin B12 Medication Order

Dosing:  Vitamin B12 (cyanocobalamin) 1000 mg/mL injection

Frequency:  \_\_\_\_\_

#### **Administration:**

- ✓ Administer Vitamin B12 as an intramuscular injection in the upper arm
- ✓ In case of reaction, follow NCNE infusion reaction protocol. Notify physician.

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Ordering Provider Name

NPI

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Signature

Date