



3 Creek Parkway
 Boothwyn, PA 19061
 Toll Free: 800-223-4376
 Fax: 484-480-2252

INTRATHECAL PUMP REFERRAL

Date of Referral: _____
 Referred By: _____
 Office Contact: _____ Phone: _____

PATIENT INFORMATION:

Patient Name: _____ DOB: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Gender: Male _____ Female _____ Social Security Number: _____
 May Pentec Contact Patient?: Yes _____ No _____ Height: _____ Weight: _____
 Diagnosis (es): _____
 Allergies: _____
 Emergency Contact or Guardian (if minor): _____
 Relationship to Patient: _____ Phone: _____
 Does the patient currently reside in a: SNF Rehabilitation Facility Other _____
 Is patient currently on hospice? Yes No Name of Facility/Hospice: _____
 Phone: _____ Contact Information: _____

INSURANCE INFORMATION:

Primary Plan Name: _____ ID #: _____ Phone: _____
 Group #: _____ Policy Holder/Subscriber: _____ DOB: _____
 Secondary Plan Name: _____ ID #: _____ Phone: _____
 Group #: _____ Policy Holder/Subscriber: _____ DOB: _____

PROVIDER INFORMATION:

Preferred Communication Method: Phone Email Fax
 Doctor Name: _____ NPI: _____ DEA: _____ License #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

PUMP INFORMATION:

Pump Type: Codman Prometra SynchroMed II Other _____
 Reservoir Capacity: _____ Alarm Date: _____ Date Pump Implanted: _____

PROGRAMMED SETTINGS:

Infusion Mode: _____

**PLEASE ATTACH SIGNED PRESCRIPTION, IMPLANT RECORD,
 PROGRESS NOTES, TELEMETRY, AND HISTORY & PHYSICAL**

NURSING ORDERS:

My signature authorizes nursing and pharmacy services in accordance with established policy and procedures including refill of the Intrathecal pump. Plan of Treatment will be submitted after the initial nursing assessment. I acknowledge that I will be periodically reviewing and signing the written Plan of Treatment in accordance with state regulation.

Provider Signature: _____ Date: _____

TO ENSURE TIMELY PROCESSING, PLEASE COMPLETE & ATTACH ALL INFORMATION.