

Fax all pages of this referral to our secure fax at (855) 270-7347.

Patient Information

Patient name:				Date of birth :			
Height:	Weight:	lb /	kg	IV Access:	Peripheral	Port	Central Indwelling N/A
D66 Hereditary Factor VIII Disorder (Hemophilia A); severity: mild moderate severe				D67 Hereditary Factor IX Disorder (Hemophilia B); severity: mild moderate severe			
D68.0 Von Willebrand's Disease; type: <input type="checkbox"/> 1 <input type="checkbox"/> 2A <input type="checkbox"/> 2B				2M 2N 3			
Other:				ICD-10:			
Allergies:				Circulating factor level:		Target factor level:	

Bleeding Disorder Drug Orders (dispense size & quantity sufficient for month supply unless otherwise noted)

RX#	Brand	Dose	Units	Variance	Route	Directions (frequency) for use	# bleed doses to keep on hand
1			I.U. RCoF	+/- 10% or ____ %	IV SubQ		
2			I.U. RCoF	+/- 10% or ____ %	IV SubQ		
3			I.U. RCoF	+/- 10% or ____ %	IV SubQ		
4			I.U. RCoF	+/- 10% or ____ %	IV SubQ		

- Refill ____ months (Unless noted, prescriptions will be valid 1 year from date signed.)

Other Drug Orders (dispense size & quantity sufficient for month supply unless otherwise noted)

- Refill ____ months (Unless noted, prescriptions will be valid 1 year from date signed.)

Other Orders (Dispense quantity sufficient)

Ancillary supplies as necessary to administer factor and other medications, including equipment, devices and disposables.

Nursing needed: Nurse to administer medications per physician orders. If IV route: nurse to obtain IV access via placement of peripheral IV catheter or butterfly needle and instruct patient or caregiver IV access. If peripheral IV, may leave in place up to 5 days as long as no erythema or edema.

Physician Information

Signature:	Name:
	NPI#:
	Phone:
	Fax:
Date:	

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For any questions, please contact NuFACTOR Specialty Pharmacy at (800) 323-6832.