



PATIENT REFERRAL

Please email completed form and prescriptions to hemo-intake@biomatrixsprx.com
or fax to Hemophilia Center of Excellence at 1-888-385-2805

Referral taken by _____ Today's Date _____

Patient Information:

Patient Name _____ Patient DOB _____ Male Female

Social Security _____ Current Age _____ Height _____ Weight _____

Address _____ Home Phone _____

_____ Cell Phone _____

Delivery Address and Special Instructions _____

Email Address _____ Work Phone _____

Marital Status/Minor? _____ *If Patient is a Minor, provide Parent (Guardian) information:*

Mother's Name _____ Work Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Patient Diagnosis:

Diagnosis _____ Severity _____ Port/Access Device _____

Product _____ Dose _____ Quantity on Hand _____

On Prophylaxis? _____ Prophylaxis Schedule _____ Needs Delivery By _____

Self-Infusing? _____ Nursing Needs _____

Ancillaries _____

Allergies/Other Significant Diagnosis _____

Other Medications Taken _____

Treating Center:

Hospital/HTC _____ Okay to call for script? Yes No

Physician _____ Phone _____ Fax _____

Nurse _____ Phone _____ Fax _____

Insurance:

Primary Insurance _____ Phone _____

Name of Insured _____ Insured's DOB _____ Relationship to Patient _____

Insured's Employer _____ Subscriber ID _____

Employer Group # _____ Insured's Social Security # _____

Please obtain copies of insurance and pharmacy cards (front and back)

Secondary Insurance _____ Phone _____

Name of Insured _____ Insured's DOB _____ Relationship to Patient _____

Insured's Employer _____ Subscriber ID _____

Employer Group # _____ Insured's Social Security # _____

BioMatrix understands your health information is personal. Protecting your information is important to us. We follow strict Federal and State laws that require us to maintain the confidentiality of your health information.

BioMatrix • 3300 Corporate Avenue, Suite 104 • Weston, Florida 33331

Phone: 954-385-7322 Toll Free: 877-337-3002 Fax: 954-385-7324