



# Cascade Infectious Diseases and Infusion

Phone: 503-540-9999 Fax: 503-540-3105  
2720 Commercial St. SE, Suite 201  
Salem, Oregon 97302

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Please include the following information and check off that the information is included in the fax

- Completed CASCADE ID & INFUSION SPECIALTY ORDER FORM
- Current patient demographic sheet and a copy of the front/ back of insurance card(s)  
\*if patient has two insurances or more, please indicate which is primary\*
- Signed Rx
- Recent history and physical
- Recent progress notes  
\*must include failed therapies, clearly indicated with dose, duration and reason of failure\*
- CMP within the last 3-6 months       Ferritin Levels within 30 days  
\*only applies to Injectafer and Venofer
- DEXA Scan within the last 2 years  
\*only applies to Prolia and Evenity referrals\*
- Negative PPD Test or Quantiferon Gold within 1 year

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FOLLOW UP INFORMATION WILL BE FAXED BACK TO THE REFERRING OFFICE  
POST INFUSION FOR PHYSICIAN REVIEW.

**Please, do not fax reimbursement support services forms to drug companies.**

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