Texas Centers for Infectious Disease Associates Pharmacy
FORT WORTH / 1025 College Ave., Fort Worth, TX 76104
Phone: 817-336-1640 **Fax: 817-336-1643**
DALLAS / 3410 Worth St., Ste. 780, Dallas TX 75246

Patient Information	Referring Physician Information
Patient name:	Prescriber name:
DOB:	DEA:
Address:	NPI License:
City: State: Zip:	Address:
Phone:	City: State: Zip:
Gender: ☐Male ☐Female ☐Other	Phone: Fax:
Email:	☐ **URGENT REFERRAL**
Reason for appointment:	

Insurance Information: Complete entirely and fax front and back of patient's insurance card(s)				
Primary Insurance	Subscriber	ID:	Name of insurer:	Phone:
Secondary Insurance	Subscriber	ID:	Name of insurer:	Phone:

Patient's pharmacy	
Pharmacy name	
Pharmacy Number:	Pharmacy Fax:

Primary Care Physician	
Primary Care Physician name:	Practice name:
Phone Number:	Fax number:

Nephrology Clerance (clearance for PICC placement if patient may need IV ABX)	
Nephrologist name:	
Office Number:	Office Fax:
If you are the nephrologist, check the following box for PICC placement approval ☐	

Appointment preferences
Preferred location ☐ Dallas ☐Fort Worth
Preferred Provider (if any) FW Office: ☐ Dr. McDonald ☐ Dr. Youree ☐ Dr. Golden ☐ Dr. Sambathkumar ☐ Dr. Ramarathnam ☐ Dr. DeFreitas Dallas office: ☐ Dr. Spak ☐ Dr. Dishner ☐ Dr. Hupert ☐ Any physician in FW (no preference) ☐ Any physician in Dallas (no preference)

**** Please provide positive culture, radiology report(s), office note, demographics, medication list and latest labs ****