



MERCED INFUSION CENTER

Mani Nallasivan, M.D.
424 E Yosemite Avenue, Suite A
Merced, CA 95340
Phone: (209) 349 - 8653
Fax: (209) 626-8144 or (209) 723-2516

“Your Infusion Solution!”

Patient Referral / RX

Patient Name: _____ DOB: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Home Phone: _____
_____ Cell: _____ Insurance: _____
_____ Authorization # _____

Referring Physician Information:

Name: _____
Phone Number: _____ Fax Number: _____

Reason for referral:

- Infusion Service -Drug Ordered: _____ Frequency: _____
- Diagnosis: _____ ICD-10: _____
- Other: _____

Ordering Physician Name (Print)

Ordering Physician Signature

Please include:

- Copies of any recent labs, progress notes, and current medication list.
- Copies of current insurance cards & patient demographics.

Please call our office if you have any questions.

(209) 349-8653