GREATER BOSTON INFUSION CENTER
17/19 Kendrick St, Wrentham, MA 02093
P 774-581-0032 | F 774-581-0033

Vitamin B12 Injection - Referral Checklist

Referral packet checklist Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME | DOB | DATE

REFERRING PROVIDER | NPI | DIRECT CONTACT / EXT.

OFFICE / PRACTICE | PHONE | FAX

EMAIL | URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- [ ] Patient demographics and contact information
- [ ] Primary and secondary insurance information; front/back card copies
- [ ] Supporting clinical notes / office visits documenting Vitamin B12 Injection treatment plan
- [ ] Current medication list and allergies
- [ ] Relevant laboratory results / imaging and baseline safety information
- [ ] Completed Vitamin B12 Injection prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- Note should include any therapies tried/failed, and must include discussion about Vitamin B12
- Medication list and allergies

GBIC INTERNAL USE

REFERRAL RECEIVED | BENEFITS VERIFIED | PA STATUS / THROUGH | SCHEDULED

Prescribing Order - Vitamin B12 (cyanocobalamin) Injection

☐ New Start ☐ Maintenance DATE OF LAST DOSE / INFUSION

ORDER DETAILS

DATE OF ORDER | PATIENT NAME | DOB | M/F

DIAGNOSIS / ICD-10 | ☐ NKDA | PATIENT WEIGHT

ALLERGIES

VITAMIN B12 MEDICATION ORDER

Dosing: ❑ Vitamin B12 (cyanocobalamin) 1000 mg/mL injection

Frequency: ❑

ADMINISTRATION & MONITORING

- ✓ Administer Vitamin B12 as an intramuscular injection in the upper arm
- ✓ In case of reaction, follow GBIC infusion reaction protocol. Notify physician.
- ✓ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME | NPI | DATE

SIGNATURE | OFFICE PHONE / EXT.

Handwritten or compliant electronic signature