

RhoGAM Referral



FAX TO 951-530-4801

RhoGAM Referral

PT: _____ DOB: _____ (FEMALE)

ADDRESS: _____

CITY/CA/ZIP _____

PHONE: _____ ALT: _____

ALLERGIES: _____ / NKDA

INSURANCE: _____ ID#: _____

GRP: _____

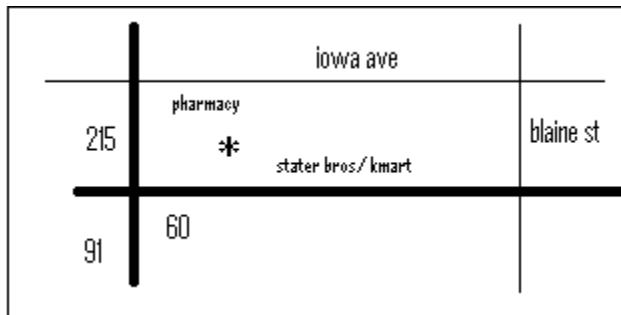
RX: RhoGAM 300 ug syringe x 1 dose
SIG: ***OFFICE USE*** inject intra-muscularly at 26 to 28 week of gestation.

PLEASE SUBMIT ORDER TO PHARMACY 2 BUSINESS DAYS PRIOR TO INJECTION

Delivery option:

Pt pick up @ pharmacy: _____ Deliver to MD office: _____

Pharmacy is located at 1340 Massachusetts Ave Riverside, CA 92507
Located in the Stater Bros and Kmart shopping center
Off the 60 highway and Blaine st exit.
Cross streets IOWA ave and Blaine st.



DR: _____ DATE: _____

PRINT: _____ NPI: _____

PHONE: _____ FAX: _____