

US INBOUND TRAVEL ORDER REQUEST

Last updated: 2/6/2019 by JS

Instructions:

- Complete form in excel first, then print for physician's signature. Scan and attach the signed form to an email, and submit email request to: **Renal_INTL_Travel_Coordinator_US_McGaw_Park@baxter.com**
- New order request needs to be submitted for any subsequent order

Patient Information

Patient's Name:		Date of Birth: (Month/Day/Year)	
Allergies:		Gender:	

Home Address:		Destination Address <u>and</u> Reservation Information: (Please indicate if this location is an Airbnb, Timeshare, Bed & Breakfast, etc.)	
		Destination Contact Name:	
		Destination Contact Phone Number:	
		Arrival Date:	

Clinic Information

Physician's Name:			
Home Country Clinic Contact Name:		Home Country Clinic Contact Phone Number:	

Order Information

Instruction: Select item from **Product Description** Dropdown and input **Total Number of Units** requested

Product Description	US Code	Units per Case	Total Number of Units Requested	Total Number of Cases
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A
	#N/A	#N/A		#N/A

**Patient should use the item(s) as directed by physician

PHYSICIAN'S SIGNATURE:		DATE: (Month/Day/Year)	
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Patient Name:	0	Date of Birth:	1/0/00
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