



## INSTRUCTIONS FOR VYEPTI INFUSION REFERRAL FORM

SA Infusion Services is excited to announce that we have worked closely with the IT team at **Xestro** to create a **fillable referral form which can easily be completed within Xestro itself!**

1. Within Xestro, open the Patient's file and click "Form" in the bottom right panel (shown below)

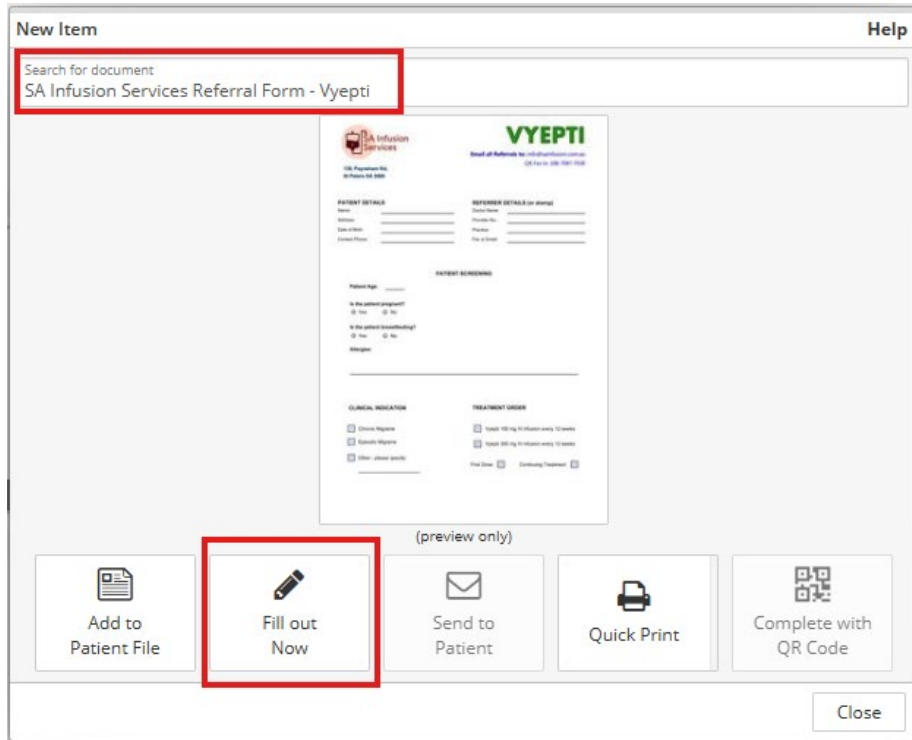
The screenshot displays the Xestro patient file interface. On the right side, there is a summary panel with the following information:

- Pregnancy Month Due: May
- 10 Apr 26
- EDD by dates: 2027-05-03
- 10 Apr 26
- Expected Date of Delivery (EDD) -12+-4/40 (3 May 27)
- 10 Apr 26
- Pregnancy Birth Date: 2026-04-10
- 10 Apr 26
- Final Gestation: 25+3
- 10 Apr 26


Below this summary, there are sections for "Social & Family History" (No Social & Family History) and "test SA" (No test SA).

In the bottom right panel, there is a grid of buttons: "Quick Letter", "Document", "Label", "Form", "Questionnaire", and "Library". The "Form" button is highlighted with a red box, and a red arrow points to it from the left. Below this panel, there is a user profile section with a "more..." link, and a footer area with "Xestro Support", "Help", "Contacts", "Admin", "myXestro", and the Xestro logo.

- A new window will now open on your screen. In this window, please type “SA Infusion Services Referral Form - Vyepti” into the search bar at the top & you should see a preview of our referral form. The next step is to click “Fill out now” in the bottom set of buttons (shown below)




- A new window with the heading “Creating Form” will now appear. You will be able to now complete any required fields, but most will be **auto-completed by Xestro** from the patient’s record. **You can then use the Drawing Tool (pencil icon) to sign the referral form.**



**SA Infusion Services**

139, Payneham Rd,  
St Peters SA 5069



**VYEPTI**

Email all Referrals to: [info@sainfusion.com.au](mailto:info@sainfusion.com.au)  
OR Fax to: (08) 7081 7038

PATIENT DETAILS	REFERRER DETAILS (or stamp)
Name: <input style="width: 90%;" type="text" value="Mr Tazmin Bradbury"/>	Doctor Name: <input style="width: 90%;" type="text" value="Dr Andrew Brookes"/>
Address: <input style="width: 90%;" type="text" value="78 Primary School Ct,"/>	Provider No.: <input style="width: 90%;" type="text"/>
Date of Birth: <input style="width: 90%;" type="text" value="24/05/1998"/>	Practice: <input style="width: 90%;" type="text" value="Demonstration Clinic"/>
Contact Phone: <input style="width: 90%;" type="text" value="0478 218 466"/>	Fax or Email: <input style="width: 90%;" type="text" value="03 95326541"/>