

Out-patient PICC services

Out-patient PICCs and midlines should be scheduled at minimum the day before requested service and the following documentation can be faxed to 580-510-7078. Please call 580-591-3749 with any questions.

Patient Information

Name _____ Date of Birth _____

Contact phone _____ Allergies _____

Medical History

_____ kidney disease _____ dialysis _____ pacemaker

_____ mediport _____ mastectomy (R / L)

_____ creatinine (date drawn) _____

_____ platelet (date drawn) _____

(if creatinine is greater than 2.0 approval from patient's primary care physician or nephrologist will be needed, if patient is on dialysis approval from their nephrologist will be needed)

(if platelet level is <50 approval from patient's primary care physician will be needed)

IV therapy _____

Services requested

_____ Midline (IV therapy for 4 weeks or less)

_____ PICC (IV therapy for greater than 4 weeks, chemotherapy, TPN)

AP chest x-ray if needed for tip confirmation

For PICCs please include consent form signed by requesting physician

Physician signature: _____