



Outpatient Infusion Center
Osteoarthritis Order

Please fax form to: 580-585-5472

Patient Information

Patient Name: DOB: Phone: Gender: M F
Patient Address: Email: Insurance:

Additional Information Needed

Fax front/back of insurance card Fax clinical/progress notes Fax labs
Fax patient demographics Fax current medication list Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

- M17.0 Bilateral Primary OA of Knee
M17.4 Other bilateral Secondary OA of Knee
M17.11 Unilateral Primary OA, Right Knee
M17.5 Other Unilateral Secondary OA of Knee
M17.2 Bilateral Post-Traumatic OA of Knee
M17.9 OA of Knee, Unspecified
Other: DX: _____

Clinical Information:

New Therapy Induction Therapy Change Therapy Continuation
Patient Weight: _____ lbs/ _____ kg Patient Height: _____ in/ _____ cm
Allergies: _____
Therapies Tried and Failed: _____

Lab Orders

CBC w/o diff CMP ESR CRP HBsAg HBsAB HbcAB Quantiferon Gold
Other: _____

Lab Orders to be done by

Infusion Services
Referring Provider

Prescription Information

Table with 4 columns: Medication, Dose, Frequency, Directions. Rows include Durolane, Gelsyn-3, Supartz FX, and Other.

Misc Orders

PICC/Midline/CAD dressing to be changed every 7 days
Flushes: 10mL NS Flush Syringe PRN, Heparin 500units/5mL Flush Syringe PRN, 50ml NS Bag PRN, 250ml NS Bag PRN

Standing Orders for Adverse Reaction

Stop infusion and initiate NS bolus Epi 1:1000 1mL IM, IV or SQ for anaphylaxis
Notify Supervising physician and ordering provider Oxygen 2-5L nasal cannula
Solu-Cortef 100mg SIVP signs of adverse reaction Albuterol 2.5mg inhaled PRN to chest tightness
Benadryl 25 mg SIVP for hives or bronchial inflammation Other: _____

Prescriber Information

Physician Name: Official Contact Name:
Contact #: Fax Number:
Address: City/State/Zip:
NPI#: DEA#: State License #:

Physician's Signature Date Time

