



Outpatient Infusion Center
Misc Medication 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 Hap B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

DX:
DX:
DX:

Clinical Information:

New Therapy Induction Therapy Change Therapy Continuation

Patient Weight: lbs/ kg Patient Height: in/ cm

Allergies:

Therapies Tried and Failed:

TB Test: Date: Results: Hep B Test: Date: Results:

Does the patient have venous access? Yes or No If yes, What type?

If no, Initiate IV access

Lab Orders

CBC w/out diff CMP ESR CRP
Other:

Lab Orders to be done by

Infusion Services
Referring Provider

Prescription Information

Medication: Dose: Frequency: Rate:
Medication: Dose: Frequency: Rate:
Medication: Dose: Frequency: Rate:

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 Reactions

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 SUP signs of adverse reaction Albuterol 2.5mg inhaled PRN for chest tightness
Benadryl 25mg SUP for hives or bronchial inflammation Other:

Prescriber Information

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

Physician's Signature

Date

Time

