



Patient Name:	DOB:
Phone number:	Allergies:
	Pt wt (kg):

INFUSION SERVICES

**Fax this form and a cover sheet to 920.623.6469 and call to schedule 920.623.6466
On weekends call House Supervisor at 920.382.3913 or 920-623-3344**

PRIOR AUTHORIZATION

<input type="checkbox"/> Prior Authorization Completed	Prior Auth #: _____	Start Date: _____	End Date: _____
<input type="checkbox"/> Prior Authorization Non Required			

MEDICATION

	Medication (name and dose)	Rate (i.e. per protocol)	Frequency (i.e. daily, weekly)	ICD 10 DX	Ordered Start Date	Ordered End Date
#1						
#2						
#3						
#4						

LABS (frequency will be every Tuesday, unless otherwise noted)

For renally eliminated medications, place order for creatinine if not performed in the past 7 days.

Serum Creatinine Level: _____ Date: _____

	Lab Test	Frequency	ICD 10 DX
#1			
#2			
#3			
#4			

OTHER ORDERS

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By signing this order form, you agree to the following orders, unless otherwise noted.

- ✓ Place peripheral IV and maintain per hospital policy
- ✓ PICC or Central line maintenance per hospital policy
- ✓ Ordering provider will arrange placement of PICC line for infusions with a duration of 7 days or longer
- ✓ May initiate Cathflo protocol for occluded PICC/Central line followed by chest x-ray PRN for verification of placement
- ✓ Infusion/allergic reactions may be managed per facility protocol.
- ✓ C-Difficile testing if patient reports loose stools x 3 days.

Physician Name (print):	Physician Signature:
Date:	Phone number:

If patient is acutely ill at the time of the planned service, they will be evaluated by the Prairie Ridge Health ER and their planned therapy may be canceled based on their condition. If patient declines an evaluation by our ER physician, the planned service will be canceled, and they will be asked to follow-up with the ordering provider.