

Hydration, Electrolytes, and Anti-Emetics

Provider Order Form Rev. 10/2023

Please fax completed referral form & all required documents to (833) 786-0025



PATIENT DEMOGRAPHICS

Patient Name: _____ DOB: _____ Phone: _____
Address: _____ City/ST/Zip: _____
Allergies: _____ NKDA Weight: _____ lbs kg Height: _____ in cm
Patient Status: New to Therapy Dose or Frequency Change Order Renewal

INSURANCE INFORMATION: Please attach copy of insurance card (front and back).

DIAGNOSIS*

***ICD 10 Code
Required**

_____, ICD10 _____ _____, ICD10 _____

INFUSION ORDERS

IV Hydration:

0.9% Sodium Chloride Lactated Ringer Dextrose 5% Water Other fluid: _____

Volume: 500 mL 1000 mL 2000 mL _____ mL

Infuse IV over _____ minutes.

Frequency: One infusion Daily x _____ days Weekly x _____ doses Other: _____

Additional Medications:

Ketorolac Dose: _____ IVP IM Directions/Duration: _____

Famotidine Dose: _____ IVP Directions/Duration: _____

Ondansetron Dose: _____ IVP Directions/Duration: _____

Dexamethasone Dose: _____ IVP IM Directions/Duration: _____

Methylprednisolone Dose: _____ IVP IM Directions/Duration: _____

Metoclopramide Dose: _____ IVP IV Directions/Duration: _____

Prochlorperazine Dose: _____ IVP IV Directions/Duration: _____

MVI in 500 mL Dose: _____ IV Directions/Duration: _____

Cyanocobalamin Dose: _____ IM Directions/Duration: _____

Other: _____

Is patient currently receiving therapy above from another facility? NO YES

If yes, Facility Name: _____ Date of last treatment: _____ Date of next treatment: _____

OTHER ORDERS

LAB ORDERS: Labs to be drawn by: Infusion Center Referring Physician

No labs ordered at this time

CBC q _____ CMP q _____ CRP q _____ ESR q _____ LFTs q _____ Other: _____

ADDITIONAL ORDERS: _____

REFERRING PHYSICIAN INFORMATION

Physician Signature: _____ Date: _____

Physician Name: _____ Provider NPI: _____ Specialty: _____

Address: _____ City/ST/Zip: _____

Contact Person: _____ Phone #: _____ Fax #: _____

Email Where Follow Up Documentation Should Be Sent: _____

REQUIRED CLINICAL DOCUMENTATION

Please attach medical records: Initial H&P, current MD progress notes, medication list, and labs/test results to support diagnosis.