Therapeutics

HYDRATION

PHONE: 832-813-8932 FAX: 888-883-9901

REFERRAL STATUS

☐ NEW REFERRAL ☐ DOSE/FREQUENCY CHANGE ☐ ORDER RENEWAL

PATIENT INFORMATION

NAME: _____

DATE OF BIRTH: _____/_____/_____

PHONE: (_____) _____- _____

ALLERGIES: _____

_____

WEIGHT: _____LBS HEIGHT: _____IN

PLEASE ATTACH DEMOGRAPHICS, CLINICALS, AND LABS

PROVIDER INFORMATION

NAME: _____

NPI: _____

SIGNATURE: _____

PHONE: (_____) _____- _____

FAX: (_____) _____- _____

CONTACT PERSON: _____

DATE: _____/_____/_____ REFILLS: _____

MEDICATION ORDERS

FLUIDS

- ☐ NORMAL SALINE (0.9%)
- ☐ D5.45 NORMAL SALINE
- ☐ .45 NORMAL SALINE
- ☐ D5 NORMAL SALINE

VOLUME

- ☐ 1 LITER (1000ML)
- ☐ 2 LITERS (2000ML)
- ☐ OTHER: _____

ADMINISTER IV _____ DAY(S) A WEEK,
FOR _____ WEEK(S)

☐ STANDING PRN ORDER

DIAGNOSIS: _____

ICD-10 CODE: _____

ADDITIONAL MEDICATIONS

ZOFRAN IV
- ☐ 4MG
- ☐ 8MG

REGLAN IV
- ☐ 10MG

PEPCID IV
- ☐ 20MG

☐ MIV (INFUVITE) 1AMP (IN 1000ML NS)

SOLUMEDROL IV
- ☐ 40MG
- ☐ 125MG
- ☐ 1GM

TORADOL IV
- ☐ 30MG

☐ OTHER: _____

_____