

Address: 8405 N. Pima Center Parkway Ste 201

Scottsdale, AZ 85258

Office: 480-587-6780 Fax: 480-882-5035

Patient Information

Name: First _____ Middle _____ Last _____ DOB: _____

Height: _____ Weight: _____ MRN (if available): _____

Allergies: NKDA Allergies and reactions: _____
Latex Allergy Yes No

ICD 10 Code: _____ Diagnosis: _____

Pre-Medications Prior to Each Infusion**Will be given 30 minutes prior to infusion unless otherwise specified**

- Diphenhydramine x 1: 25 mg 50 mg
 IV Oral
- Acetaminophen Oral x 1: 500 mg 650 mg
 1,000mg
- Ibuprofen Oral x 1: 600mg
- Solu-Medrol IV x 1: 60 mg 100mg
- Dexamethasone x 1: 4mg
 IV Oral
- Zofran ODT SL x 1: 4mg 8mg
- Zofran IV x 1: 2mg 4mg
- Other: _____

As Needed Medications**PRN for Hypersensitivity/Infusion reaction: do not use if given as pre-medication**

- Diphenhydramine x 1: 25 mg 50 mg
 IV Oral
- Acetaminophen Oral x 1: 500 mg 650 mg
 1,000mg
- Ibuprofen Oral x 1: 600mg
- Solu-Medrol IV x 1: 60 mg 100mg
- Dexamethasone x 1: 4mg
 IV Oral
- Zofran ODT SL x 1: 4mg 8mg
- Zofran IV x 1: 2mg 4mg
- Epinephrine 0.3mg IM x 1 PRN
- Other: _____

MedicationMedication Name: _____ Route: IV Sub-Q IMDose: _____ Mg GramFrequency: _____ Doses: _____ or 1 Year**Referring Provider Information**

Physician Name: _____ NPI: _____

Provider Signature: _____ Date: _____

Phone Number: _____ Fax Number: _____

Please send the following with order form: Patient demographic & insurance information, clinical notes supporting diagnosis, recent labs, and bone density if diagnosis is osteoporosis related.