



INFUSION Order Form

Outpatient Infusion

Patient Name	_____
DOB	_____
Address	_____
Phone	_____

Diagnosis:	Diagnosis Code: _____
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Required Information	Allergies:		
	CBC, CMP (please include lab result documents)	Date:	Weight:
	Applicable labs:	Date:	Height:

Labs

CBC, CMP every _____ Other: _____

Pre-medications

Diphenhydramine 25mg PO IV Acetaminophen PO 325mg

Diphenhydramine 50mg PO IV Acetaminophen PO 650mg

Methylprednisolone IV push 60mg Other:

Medication Order

Drug: _____

Dose: _____ mg gm

Route: IV SQ IM

(Drug, dose, route, frequency, and duration)

Frequency: Every _____

Duration: For _____

Infusion Reaction Medications Hypersensitivity Reaction Protocol will be utilized unless otherwise specified.

Required Documentation

- H&P or progress note supporting diagnosis
- Medication history
- Recent labs (as above) and/or diagnostic test results

Provider (print name):	Date:
Provider Signature:	NPI:
Office Phone:	Office Fax:

OUTPATIENT INFUSION CENTERS

Select an Infusion Center below (check box):

- Glendale Infusion Clinic
6220 W Bell Road, Glendale AZ 85308
- Osborn NSI Infusion Clinic
7242 E Osborn Road Ste 340, Scottsdale AZ 85251
- Pima Infusion Clinic
8405 N Pima Center Parkway Ste 201, Scottsdale AZ 85258

How to Refer:

- Fax the medication order form along with the selected infusion center form and all necessary documentation to central scheduling and call to set up patient information.
 - Central Scheduling Phone: (623) 434-6138
 - Central Scheduling Fax: (602) 331-5765