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Outpatient Infusion Orders

**Patient Information**

- Patient Name: \_\_\_\_\_
- Patient Date of Birth: \_\_\_\_\_
- Patient's Height: \_\_\_\_\_
- Patient's Weight: \_\_\_\_\_
- Allergies: \_\_\_\_\_

**Diagnosis**

- Primary Diagnosis: \_\_\_\_\_
- Secondary Diagnosis: \_\_\_\_\_
- Co-Morbidities: \_\_\_\_\_

**Service Designation**

- Admitting Physician (REQUIRED): \_\_\_\_\_
- Attending Physician (REQUIRED): \_\_\_\_\_
- Date: \_\_\_\_\_
- Time: \_\_\_\_\_

**Hospital Status**

- Outpatient
  - Note: Outpatient is for normal or extended recovery for IV infusions or SQ/IM injections.
  - \*Point of Emphasis: Outpatient Blood and Blood Product transfusions, Iron and Erythropoetin Injections have their own specific order sheets.

**Treatment Orders**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- To schedule please call 843-522-7330 and fax order to 843-522-7313

Physician Signature: \_\_\_\_\_

Date / Time: \_\_\_\_\_

