Upstate HomeCare

The Best for Getting Better

Infusion Order Form

Phone: (888) 648-2211 Fax: (315) 580-4297

FAX

To: Upstate HomeCare Intake **Fax#:** (315) 580-4297

Patient Name: **Date of Birth:**

Diagnosis:

Allergies:

Therapy Ordered

Drug: **Dose:** **Frequency:**

Modality: ☐ IV ☐ SQ ☐ IM **In-Home Start Date:** **Stop Date:**

Flushing

☐ Sodium Chloride 10ml Flushes
For IV, flush before & after each infusion
#100 with 11 refills

☐ Heparin 5 ml Lock 100 u/ml
For IV, flush after infusion
#100 with 11 refills

☐ Heparin 5 ml Lock 10 u/ml
For IV, flush after infusion
#100 with 11 refills

Labs

☐ CBC w/differential ☐ CMP ☐ CRP ☐ ESR

☐ Other: _____

☐ Labs due weekly while on therapy

☐ Trough prior to _____dose on_____ ; then weekly on _____

Forward Results to: _____

Ordering Provider: **NPI#:**

Provider Signature: **Date:**

By signing this form, you, as the following physician are authorizing an Upstate HomeCare Pharmacist to transcribe the above order into verbal orders.