



Phone: (833) 394-0600 Fax: (833) 996-4888

**Solumedrol (methylprednisolone) IV Infusion**

*Please fax a copy of patient's Demographics, Insurance Information, Current Lab Results, H&P,  
and Current Medications and Recent Visit Notes*

<b>Referral status:</b> <input type="checkbox"/> NEW referral <input type="checkbox"/> Dose or frequency change <input type="checkbox"/> Order renewal
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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ lbs / kg Height: \_\_\_\_\_

ICD-10 : \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Solumedrol (methylprednisolone) IV**

- 250 mg
- 500 mg
- 750 mg
- 1000 mg
- \_\_\_\_\_ mg

**Frequency:**

Daily for \_\_\_\_\_ days  Weekly  Every \_\_\_ weeks  Other \_\_\_\_\_

Total number of doses: \_\_\_\_\_

Rx Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

New referring providers, how did you hear about us?  Web Search  Pharma Rep  Drug Locator  Patient  
 Word of Mouth  IA Clinical Liaison  IA Website  Facebook  Instagram  TV/streaming  Other: \_\_\_\_\_