



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

**Hydration/Electrolytes/Anti-Emetic IV Infusion**

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

**Referral status:**  NEW referral  Dose or frequency change  Order renewal

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

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

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

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

**Labs to be collected:**  BMP  CMP  CBC w/o diff  Magnesium  \_\_\_\_\_  
**Lab Frequency:**  ONCE at first infusion  Every infusion  \_\_\_\_\_

Infusion Associates provider to select fluid based on compatibility

**IV Hydration:**

- Dextrose 5% w/ 0.9% Sodium Chloride
- Dextrose 5% w/ Lactated Ringers
- Lactated Ringers
- 0.9% Sodium Chloride
- 0.9% Sodium Chloride with 20meqKCl (in 1000mL)

**Volume to be infused at each visit:**

- 1000 mL
- 2000 mL
- \_\_\_\_\_ mL

**IV Medications / Additives: Please select total dose to be given at each visit:**

- None
- Folic Acid \_\_\_\_\_ mg
- Magnesium Sulfate \_\_\_\_\_ gm
- Dexamethasone \_\_\_\_\_ mg
- Phenergan \_\_\_\_\_ mg
- Metoclopramide \_\_\_\_\_ mg
- Thiamine \_\_\_\_\_ mg
- Zofran \_\_\_\_\_ mg
- Other \_\_\_\_\_

**Frequency:**

- ONE infusion  Daily for \_\_\_\_\_ days  \_\_\_\_\_ - \_\_\_\_\_ times a week
- Every other day  Weekly  PRN  Other: \_\_\_\_\_

**Injections:**

- Vitamin B12(cyanocobalamin) 1000mcg IM  
Frequency \_\_\_\_\_ Number of doses \_\_\_\_\_

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

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

**Office Phone Number:** \_\_\_\_\_ **Office Fax 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  Other: \_\_\_\_\_