FAX: 203-724-4838

CIVIC INFUSION

249 Danbury Road, Wilton, CT 06897

400 Columbus Ave, Valhalla, NY 10595

OTHER infusion orders

Patient Name _____ DOB _____

Phone _____ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

☐ _____ _____ ☐ _____ _____

☐ _____ _____ ☐ _____ _____

PRE-MEDICATION

☐ Tylenol 1000mg PO ☐ Solu-Medrol 125mg IVP

☐ Diphenhydramine 25mg PO ☐ Solu-Cortef 100mg IVP

☐ Cetirizine 10mg PO ☐ Diphenhydramine 25mg IVP

☐ _____ ☐ _____

ORDERS

DOSAGE **PATIENT WEIGHT**

_____ _____ lbs.

_____ kg

FREQUENCY

_____ *(induction for RA diagnosis)*

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____