

# IV SOLU-MEDROL INFUSION ORDER (Methyl-Prednisolone)



INFUSIONMED | USA  
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Date: \_\_\_/\_\_\_/\_\_\_

## PATIENT INFORMATION

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

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

Allergies: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-10: \_\_\_\_\_

Antibody Test Results: \_\_\_\_\_

Labs to be drawn by:       Infusion Clinic       Referring Physician

Lab Orders: \_\_\_\_\_

## IV SOLUMEDROL (METHYL-PREDNISOLONE) ORDERS

DOSE: \_\_\_\_\_

FREQUENCY: \_\_\_\_\_

DURATION: \_\_\_\_\_

START DATE: \_\_\_/\_\_\_/\_\_\_

## PROVIDER INFORMATION

Provider's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Office Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

PLEASE SEND COPY (FRONT AND BACK) OF INSURANCE CARD

**PHONE: 972-810-0990**

**FAX: 972-810-0994**