

Anti-Infectives Order Form

(Antibiotics, Antivirals, and Antifungals)

FAX TO: 972.499.9210

PATIENT INFORMATION					
Patient Name:					
DOB:	Phone:	Se	X:	M F	
DIAGNOSIS & CLINICAL INFORMATION					
ICD 10 Code (Required) Code: Patient Status: New to therapy Continuing therapy (date of last dose)		Description: lb kg Height: Allergies:			
PRESCRIPTION					
Initiation/Continuation of Infusion Therapy Orders Lab Orders					
Standard Protocol Flush IV access device with heparin/saline per Medix Infusion protocol Weekly & PRN dressing changes for IV access Per Medix Infusion protocol, an ANA kit (which includes 50 mg of Diphenhydramine oral solution) will be dispensed to home infusion patients Select all that apply Place PICC line for medication administration Patient has pacemaker (may verify PICC line placement with CXR)			CBC weekly ESR weekly CMP weekly CRP weekly Daptomycin: CPK weekly Vancomycin trough: 30 minutes prior to 4th dose and then weekly thereafter Other: Frequency: Other: Frequency: Place Peripheral IV for medication administration Patient needs a first dose and teaching		
DRUG	DOSE	ROUTE		FREQUENCY	DURATION
					1
Is the patient on any other	er disease modifying therapy	? Yes	No		
	er disease modifying therapy				
Is yes, please note therap	er disease modifying therapy by and last dose:				x Infusion adverse
Is yes, please note therap Adverse Events: In the event reactions protocol.	y and last dose:	ccurring at a Med			x Infusion adverse
Is yes, please note theraped Adverse Events: In the expressions protocol. Other Orders:	yent of an adverse reaction of	ccurring at a Med	dix Infusi	on suite, utilize the Medi	
Is yes, please note therapy Adverse Events: In the expreactions protocol. Other Orders: REQUIRED D • Signed and completed of the patient's demographic at the patient's medication list. • Supporting clinical notes	oy and last dose: vent of an adverse reaction of OCUMENTATION FOR I rder and insurance information	ccurring at a Med	dix Infusi	on suite, utilize the Medi	
Is yes, please note therapy Adverse Events: In the expreactions protocol. Other Orders: REQUIRED D • Signed and completed of the patient's demographic and the patient's medication list of the pat	oy and last dose: vent of an adverse reaction of OCUMENTATION FOR I rder and insurance information as that include any past tried are noce, benefits, or contraindicati	ccurring at a Med	dix Infusion of the Community of the Com	SING AND INSURAN orting labs/diagnositics: a Infusion will collect all ne	ICE APPROVAL
Is yes, please note therapy Adverse Events: In the expreactions protocol. Other Orders: REQUIRED D Signed and completed or Patient's demographic are Patient's medication list. Supporting clinical notes failed therapies, intoleral conventional therapy	oy and last dose: vent of an adverse reaction of OCUMENTATION FOR I rder and insurance information as that include any past tried are noce, benefits, or contraindicati	REFERRAL PR	ROCESS Suppo Mediz in ref	SING AND INSURAN orting labs/diagnositics: a Infusion will collect all ne erral documents	ICE APPROVAL ecessary labs if not included
Is yes, please note therapy Adverse Events: In the extreactions protocol. Other Orders: REQUIRED D Signed and completed or Patient's demographic at Patient's medication list. Supporting clinical notes failed therapies, intoleration conventional therapy Prescriber Name:	oy and last dose: vent of an adverse reaction of open comment of an adverse reaction of open comment of the commence of the comment of the c	REFERRAL PE	ROCES: Suppo Medii in ref	SING AND INSURAN orting labs/diagnositics: x Infusion will collect all need	ICE APPROVAL ecessary labs if not included
Is yes, please note therapy Adverse Events: In the extreactions protocol. Other Orders: REQUIRED D Signed and completed or Patient's demographic at Patient's medication list. Supporting clinical notes failed therapies, intoleration conventional therapy Prescriber Name: Signature:	oy and last dose: vent of an adverse reaction of occumentation for the company of the company o	REFERRAL PE	ROCES: Suppo Media in ref	SING AND INSURAN orting labs/diagnositics: or Infusion will collect all ne erral documents	ICE APPROVAL ecessary labs if not included
Is yes, please note therapy Adverse Events: In the extreactions protocol. Other Orders: REQUIRED D Signed and completed or Patient's demographic are Patient's medication list. Supporting clinical notes failed therapies, intolerate conventional therapy Prescriber Name: Signature: NPI #:	oy and last dose: vent of an adverse reaction of occumentation for the contraction of th	REFERRAL PE	ROCES: Suppo Mediz in ref	SING AND INSURAN orting labs/diagnositics: a Infusion will collect all ne erral documents	ICE APPROVAL ecessary labs if not included
Is yes, please note therapy Adverse Events: In the extreactions protocol. Other Orders: REQUIRED D Signed and completed or Patient's demographic at Patient's medication list. Supporting clinical notes failed therapies, intoleral conventional therapy Prescriber Name: Signature: NPI #: Supervising Physician (in	oy and last dose: vent of an adverse reaction of occumentation for the reaction of occumentation in the reaction of occumentation in the reaction occumentation is that include any past tried are noce, benefits, or contraindication in the reaction occumentation is the reaction occumentation in the reaction occurrence in the reaction occurred in	REFERRAL PE	ROCES: Suppo Mediz in ref	SING AND INSURAN orting labs/diagnositics: a Infusion will collect all ne erral documents	ICE APPROVAL ecessary labs if not included
Is yes, please note therapy Adverse Events: In the extreactions protocol. Other Orders: REQUIRED D Signed and completed or Patient's demographic are Patient's medication list. Supporting clinical notes failed therapies, intoleral conventional therapy Prescriber Name: Signature: NPI #: Supervising Physician (in Address:	oy and last dose: vent of an adverse reaction of occumentation for the reaction of occumentation in the reaction of occumentation in the reaction of occumentation in the reaction occurrence occ	REFERRAL PR	ROCES: Suppo Mediz in ref	SING AND INSURAN orting labs/diagnositics: a Infusion will collect all ne erral documents	ICE APPROVAL ecessary labs if not included