

Pharmascript Ambulatory Infusion Centers  
Phone: 844.635.3221 eFax: 312.277.9575

Infusion Referral Form

Patient Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ Phone#: \_\_\_\_\_ Address:  
\_\_\_\_\_ APT#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Allergies:  
\_\_\_\_\_ Diagnosis: \_\_\_\_\_ Primary Insurance

Carrier: \_\_\_\_\_ Primary Insurance Phone#: \_\_\_\_\_

Card Holder ID: \_\_\_\_\_ Group#: \_\_\_\_\_ (Please Attach Copy of Card)

**Line Type:  Peripheral  Port  SL PICC  DL PICC  CVL (Please attach placement paperwork)**

Prescriber: \_\_\_\_\_ Office: \_\_\_\_\_ Contact: \_\_\_\_\_ Office Address:  
\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ NPI#: \_\_\_\_\_ DEA#: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Start of Care Date: \_\_\_\_\_

**(Please note for insurance compliance the prescribing physician must sign Rx, no stamps or nurse signatures)**

MEDICATION/s	DOSAGE	ROUTE	FREQUENCY

**Flushing Orders:**

- Normal Saline 0.9% up to 10mL SAS Protocol.
- Heparin (10 U/mL if pediatric, 100 U/mL if adult): 5mL at end of SASH Protocol.
- Other: Cathflo as needed.

**PRN Medications:**

- Acetaminophen 650 mg P.O.
- Acetaminophen 1000 mg P.O.
- Diphenhydramine 25 mg  PO  IV
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- Hydrocortisone (Solu-cortef) \_\_\_\_\_ mg IV
- Methylprednisolone (Solu-Medrol) \_\_\_\_\_ mg IV
- Cetirizine HCl (Quzyttir) \_\_\_\_\_ mg IV
- Other: \_\_\_\_\_
- Diphenhydramine HCl \_\_\_\_\_ mg IV x 1 PRN for infusion hypersensitivity reactions. Solu-Medrol \_\_\_\_\_ mg IV x 1 PRN for hypersensitivity reactions.
- Zofran \_\_\_\_\_ mg IV x 1 prn nausea
- Topical Anesthetic cream apply to skin prior to PIV catheter insertion as needed for pain

**Anaphylaxis and ADR Prevention Kit Orders:**

- Per Pharmacy protocol (Epinephrine, Diphenhydramine oral/injectable, acetaminophen, NS bag)
- Oxygen inhalation at \_\_\_\_\_ liters/min via NC/Face mask

**Additional Orders:**

- Convert to catheter care if infusion therapy is complete and access lines needs to be maintained. Flush each lumen daily with Normal Saline + Heparin

**\*\*\*\*\*Please attach  History/Physical,  Most Recent Labs, and  Current Medication List\*\*\*\*\***

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