Infusion Solutions Inc.
Home Infusion & Specialty Pharmacy
477 W Horton Rd
Bellingham, WA 98226
Phone (360) 933-4892
Fax (360) 933-1197

Infusion Therapy Order Form

Please fax this form, copies of insurance cards, demographics, and supporting clinical documentation to **(360) 933-1197** to facilitate an efficient referral.

For therapy recommendations, please call our office and ask for a pharmacist. Thank you for choosing Infusion Solutions!

DEMOGRAPHICS

Patient Name: _____ Date of Birth: _____ Gender: ☐F ☐M

Home Phone: _____ Cell: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

FINANCIAL INFORMATION

**Please fax a copy of front and back of all insurance cards if available.

Payor: _____ ID#: _____ Group#: _____

Cardholder: _____ ☐ Self ☐ Spouse ☐ Parent ☐ Other: _____

ORDERS

Height: _____ Weight: _____ IV Access Device (if applicable): _____

Allergies: _____

Diagnoses: _____ ICD-10: _____
_____ ICD-10: _____

Medication Orders:

☐ Medication/Dose: _____ Route: ☐IV ☐SQ ☐Other: _____
Instructions: _____ Duration of therapy: _____ ☐TBD (≤1 yr)

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Instructions: _____ Duration of therapy: _____ ☐TBD (≤1 yr)

☐ Clinical pharmacist to monitor drug levels and adjust dose accordingly
☒ Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion.
☒ Flush line with D5W, 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutions protocol.
☒ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).
☒ Infusion Reaction Management per Infusion Solutions protocol as needed.

Nursing Orders:

☒ RN to use central IV access or insert peripheral IV and rotate site as needed.
☐ Other: _____

Lab Orders:

☐ _____ ☐ One time, OR ☐ every _____
☐ _____ ☐ One time, OR ☐ every _____
☐ _____ ☐ One time, OR ☐ every _____

_____ _____
Prescriber Signature *Date*

_____
Please Print Name

KEY: ◆ Orders are initiated unless crossed out by provider. **❑ Check box to initiate order.**

Form # 311
Updated 1/20/2025 -AF