InfusionCare

Texas Healthy Aging and Hormone Therapy

Infusion Order Form

Fax to: 940-257-6548 or
Email to: infusions@texashealthyaging.com

PATIENT INFORMATION

Patient Name: ________________________________ DOB: ____________ Phone: ____________________Sex: :____ Ht: _____ Wt: _____ lbs / kg

Primary Language: ____________________ Allergies: ____

Patient Status (New, transferring, or Continuing therapy): ____________________ **Last Treatment date** ___________ **Next due date:**_____________

*ICD 10 CODE REQUIRED DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code

☐ ICD 10 Code: _____________________________

Description:____

Provider Information

Prescriber Name: ____ ***Signature:***____

Date: ______________________ NPI #: ________________________________ Specialty:____

Supervising Physician: ____ (If Applicable)

Address: ____ City: _____________________________ State: ___________ Zip:___________

Contact Name: _______________________ Phone: _______________ Fax: __________________ Email:__________________________________

Prescription

Pre- Medications:

- ☐ Acetaminophen 650 mg PO
- ☐ Cetirizine 10 mg PO
- ☐ Diphenhydramine: 25 mg PO
- ☐ Diphenhydramine: 25 mg IV
- ☐ Famotidine: 20 mg PO
- ☐ Methylprednisolone: 125 mg SIVP
- ☐ Ondansetron: 4 mg ODT
- ☐ Ondansetron: 4 mg IVP
- ☐ Other _______________________________ .

Lab Orders:

Lab:________________Frequency:________________

Lab:________________Frequency:________________

Lab:________________Frequency:________________

Medication to Order: ____

Dose:____

Route:____

Frequency:____

Duration: ____

In the event of an adverse reaction occurring at TX Healthy Aging Infusion site, utilize TX Healthy aging adverse reaction protocol.

Post Treatment Observations: The patient is observed for 30- 60 minutes following the first administration.

Comments:____

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****Required Information****

- ☐ Demographics, most recent H&P, clinical notes, and medication list.
- ☐ Supporting clinical notes to include past failed therapies, intolerance, outcomes, or contraindications to conventional therapy.
- ☐ Lab Results : Please include lab results to support diagnosis.