

Patient Name _____

DOB _____

MRN _____

Physician _____

CSN _____

Physician's Orders THERAPY PLAN, BLANK - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

Page 1 of 2

Corewell Health Site of Service (select one):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Blodgett Hospital
1840 Wealthy St. SE
Grand Rapids, MI 49506
Phone: 616.391.0351
Fax: 616.391.8969 | <input type="checkbox"/> Gerber Hospital
230 West Oak St.
Fremont, MI 49412
Phone: 231.924.1305
Fax: 231.924.1798 | <input type="checkbox"/> Greenville Hospital
615 S. Bower St.
Greenville, MI 48838
Phone: 616.225.9330
Fax: 616.754.4043 | <input type="checkbox"/> Helen DeVos Children's Hospital
35 Michigan St. NE Floor 2
Grand Rapids, MI 49503
Phone: 616.267.1925
Fax: 616.267.1005 |
| <input type="checkbox"/> Lemmen Holton Cancer Pavilion
145 Michigan St. NE Ste 5200
Grand Rapids, MI 49503
Phone: 616.486.6099
Fax: 616.486.6415 | <input type="checkbox"/> Ludington Hospital
1 Atkinson Dr.
Ludington, MI 49431
Phone: 231.845.5085
Fax: 231.845.5025 | <input type="checkbox"/> Neuro Infusion ICCB
2750 E Beltline Ave. NE
Grand Rapids, MI 49525
Phone: 616.391.0351
Fax: 616.391.8969 | <input type="checkbox"/> Pennock Hospital
1009 W Green St.
Hastings, MI 49058
Phone: 269.798.6762
Fax: 269.798.6763 |
| <input type="checkbox"/> Reed City Hospital
4499 S 220 th Ave.
Reed City, MI 49677
Phone: 231.832.7105
Fax: 231.832.0195 | <input type="checkbox"/> Zeeland Hospital
8333 Felch St.
Zeeland, MI 49464
Phone: 616.748.3640
Fax: 616.748.3690 | | |

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|---|---|--|--|
| <input type="checkbox"/> Brownstown Infusion Clinic
19725 Allen Rd. Ste 101
Brownstown Twp, MI 48183
Phone: 734.479.2371
Fax: 734.479.2451 | <input type="checkbox"/> Dearborn Hospital
18101 Oakwood Blvd.
Dearborn, MI 48124
Phone: 313.593.5913
Fax: 313.593.8551 | <input type="checkbox"/> Farmington Hills Hospital
Botsford
28050 Grand River Ave.
Farmington Hills, MI 48336
Phone: 947.521.8174
Fax: 248.471.8217 | <input type="checkbox"/> Grosse Pointe Infusion Clinic
21400 E 11 Mile Rd.
Saint Clair Shores, MI 48081
Phone: 586.498.4498
Fax: 586.498.4497 |
| <input type="checkbox"/> Lenox Infusion Clinic
36555 26 Mile Rd. Ste 3300
Lenox, MI 48048
Phone: 947.523.4060
Fax: 947.523.4061 | <input type="checkbox"/> Livonia Infusion Clinic
39000 W 7 Mile Rd. Ste 3000
Livonia, MI 48152
Phone: 947.523.4360
Fax: 734.542.3356 | <input type="checkbox"/> Royal Oak
3601 W 13 Mile Rd.
Royal Oak, MI 48073
Phone: 248.898.1000
Fax: 248.551.3168 | |
| <input type="checkbox"/> Troy Hospital
44344 Dequindre Rd. Ste 230
Sterling Heights, MI 48314
Phone: 248.964.3080
Fax: 248.964.2409 | <input type="checkbox"/> Wayne Hospital
33155 Annapolis St.
Wayne, MI 48184
Phone: 734.467.2556
Fax: 734.467.2505 | | |

- | | | |
|--|---|---|
| <input type="checkbox"/> Marie Yeager Cancer Center
3900 Hollywood Rd.
Saint Joseph, MI 49085
Phone: 269.556.7180
Fax: 269.556.7185 | <input type="checkbox"/> Niles Infusion
42 N St. Joseph Ave. Ste 303
Niles, MI 49120
Phone: 269.684.6140
Fax: 269.683.8744 | <input type="checkbox"/> Watervliet Hospital
400 Medical Park Dr.
Watervliet, MI 49098
Phone: 269.463.2310
Fax: 269.463.0012 |
|--|---|---|

PATIENT INFORMATION:

Name: First _____ Middle _____ Last _____

Date of birth _____ Phone (____) _____

Address _____

City _____ State _____ Zip code _____

REFERRAL: Infusion Therapy

Referring Physician (print) _____

Office: Phone (____) _____ Fax (____) _____

Direct line for urgent questions about patient (____) _____

CONTINUED ON PAGE 2 →

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

