

BEAUMONT INFUSION CENTERS

SOLUMEDROL PRESCRIPTION

Location / Royal Oak : 248- 551-3168 Troy : 248-964-2409 Lenox : 947-523-4061 Wayne : 734-467-2505
 Fax Number Grosse Pointe : 586-498-4497 Farmington Hills : 248-471-8217 Dearborn : 313-593-5802 Livonia : 734-542-3356

Patient Name:	Date of Birth:	Medical Record #:
Physician Name:	Address:	Office #:
Diagnosis:		Diagnosis Code (ICD-10):

PATIENT INFORMATION		
Please attach these <u>required</u> documents to Prescription (if not in EPIC):		
<input checked="" type="radio"/> Copy of Insurance Card <input checked="" type="radio"/> Labs <input checked="" type="radio"/> Supporting clinical documentation <input checked="" type="radio"/> Patient Demographics		
<input type="checkbox"/> NKDA <input type="checkbox"/> Drug Allergies: _____		
Height: _____ ft _____ in Weight: _____ kg / lbs Date: _____		

MEDICATION	DOSE	# Doses
METHYLPREDNISOLONE (SOLUMEDROL)	<input type="checkbox"/> 100 mg over 30 minutes <input type="checkbox"/> 250mg IV over 30 minutes <input type="checkbox"/> 500mg IV over 30 minutes <input type="checkbox"/> 1gm IV over 1 hour every 24 hours x _____ Days	

Physician Signature _____ Beeper # _____ Date _____ Time _____