



Patient Name
DOB
MRN
Physician
FIN

Defaults for orders not otherwise specified below:

- Interval: Once
- Interval: Every ____ days

Duration:

- Until date: _____
- 1 year
- _____ # of Treatments

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Site of Service

- SH Gerber SH Lemmen Holton (GR) SH Pennock SH United Memorial
- SH Helen DeVos (GR) SH Ludington SH Reed City SH Zeeland

Provider Specialty

- Allergy/Immunology Infectious Disease OB/GYN Rheumatology
- Cardiology Internal Med/Family Practice Other Surgery
- Gastroenterology Nephrology Otolaryngology Urology
- Genetics Neurology Pulmonary Wound Care

Appointment Requests

- Infusion Appointment Request
Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Infusion and possible labs

Nursing Orders

- ONC NURSING COMMUNICATION 100
May Initiate IV Catheter Patency Adult Protocol

Vitals

- Vital Signs
Routine, PRN, Starting S, Take vital signs at initiation and completion of infusion and as frequently as indicated by patient's symptoms

Labs

- | | Interval |
|---|---|
| <input type="checkbox"/> Complete Blood Count w/Differential
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous | <input type="checkbox"/> Once
<input type="checkbox"/> Every ____ days |
| <input type="checkbox"/> Basic Metabolic Panel (BMP)
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous | <input type="checkbox"/> Once
<input type="checkbox"/> Every ____ days |
| <input type="checkbox"/> Comprehensive Metabolic Panel (CMP)
Status: Future, Expected: S, Expires: S+184, URGENT, Clinic Collect, Blood, Blood, Venous | <input type="checkbox"/> Once
<input type="checkbox"/> Every ____ days |
| <input type="checkbox"/> C Reactive Protein (CRP), Blood Level
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous | <input type="checkbox"/> Once
<input type="checkbox"/> Every ____ days |
| <input type="checkbox"/> Creatine Kinase (CK) Level
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous | <input type="checkbox"/> Once
<input type="checkbox"/> Every ____ days |

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.

