



Patient Name  
DOB  
MRN  
Physician  
FIN

Defaults for orders not otherwise specified below:

- Interval: Every visit
- Interval: Every 7 days
- Interval: Every 14 days
- Interval: Every 28 days
- Interval: Every \_\_\_\_ days

Duration:

- Until date: \_\_\_\_\_
- 1 year
- \_\_\_\_\_ # of Treatments

Anticipated Infusion Date \_\_\_\_\_ ICD 10 Code with Description \_\_\_\_\_

Height \_\_\_\_\_ (cm) Weight \_\_\_\_\_ (kg) Allergies \_\_\_\_\_

Provider Specialty

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease           | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology         | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other          | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Gastroenterology   | <input type="checkbox"/> Nephrology                   | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> Genetics           | <input type="checkbox"/> Neurology                    | <input type="checkbox"/> Pulmonary      | <input type="checkbox"/> Wound Care   |

Site of Service

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber           | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock   | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington          | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland         |

**Appointment Requests**

- Infusion Appointment Request**  
Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Therapeutic phlebotomy procedure. Refer to therapy plan content to confirm appropriate scheduling intervals.

**Provider Reminder**

- ONC PROVIDER REMINDER 2**  
Confirm that the appropriate informed consents have been signed and are located in the medical record.

**Pre-Procedure Labs**

- ONC NURSING COMMUNICATION 12**  
Per Policy: Consider a Hemoglobin / Hematocrit prior to procedure if there are no CBC results within 7 days of planned procedure. If the Hgb is less than or equal to 12 g/dL, a call to the physician for clarification is required. For BMT Patients: For the first therapeutic phlebotomy treatment, as long as the CBC and Ferritin labs have been resulted in the last 30 days, there is no need to repeat labs. For all subsequent treatments, the labs must be drawn the day of the procedure prior to phlebotomy. For BMT patients if Hgb is less than or equal to 10 g/dL, a call to the provider for clarification is required.
- Complete Blood Count without Differential**  
Status: Future, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous
- Ferritin, Blood Level**  
Status: Future, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous
- Hemoglobin + Hematocrit (H+H)**  
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous
- Other Labs:**  
Status: Future, Expected: S, Expires: S+365, URGENT, Clinic Collect, Blood, Blood, Venous

**Nursing Orders**

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

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.

**CONTINUED ON PAGE 2 →**

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

