MATAGORDA REGIONAL
MEDICAL CENTER
MRMC IV THERAPY SERVICES
PHONE: 979-241-5966
FAX: 979-241-5965

GENERAL IV ORDER FORM

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI_____ DOB:_____

HT: _____ WT: _____ Sex :( ) Male ( ) Female SSN:_____ Home #:_____ Cell#:_____

Street Address_____ City/State/Zip _____

Allergies:_____

INSURANCE INFORMATION

Primary Insurance Name _____ Policy ID #: _____

Secondary Insurance Name_____ Policy ID #:_____

PHYSICIAN / FACILITY INFORMATION

Physician Name_____ Contact Name _____ Contact Phone # _____

Address: _____City/State/Zip_____

DEA#:_____ NPI #:_____ State Lic #:_____ Fax #: _____

STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis: (ICD-10 Code plus Description)

_____ Date of Diagnosis: _____

Does the patient have venous access? O Yes ONo If Yes, what type? _____

If No, does patient need venous access? OYes O No If Yes, what type? O PIV (HepLock) O PIV (No HepLock – DC after each visit)) O PICC O MediPort

PRESCRIPTION ORDERS

a) ALL MEDIPORTS / IV ACCESSES WILL BE FLUSHED WITH HEPARIN OR SALINE PER HOSPITAL PROTOCOL PRN
b) ADMINISTER CATH-FLO 2MG, IVP IF PICC LINE BECOMES SLUGGISH OR OCCLUDED: MAY REPEAT AFTER 2HRS IF NEEDED X 1.
c) HOSPITAL PHARMACY WILL FOLLOW AND ADJUST ALL DOSING FOR VANCOMYCIN, GENTAMYCIN, AND PATIENTS WITH RENAL INSUFFICIENCY PER HOSPITAL PROTOCOL

☐ **DO NOT ADMINISTER HEPARIN TO THIS PATIENT**

DRUG 1	**DOSE**	**ROUTE**	**FREQUENCY**	**DURATION**
DRUG 2	**DOSE**	**ROUTE**	**FREQUENCY**	**DURATION**
DRUG 3	**DOSE**	**ROUTE**	**FREQUENCY**	**DURATION**
DRUG 4	**DOSE**	**ROUTE**	**FREQUENCY**	**DURATION**

LABS

SELECT BELOW	LAB REQUESTED	FREQUENCY
	CBC w/ Diff	
	BMP	
	CMP	
	BUN/CREATININE	
	ESR	
	CRP	
	CPK	
	Other:	
	Other:	

NOTES/INSTRUCTIONS/OTHER

_____
_____
_____
_____
_____
_____
_____

FLUSHES: ☐ 10 mL NS Flush Syringe PRN ☐ Heparin 500 units/5 mL Flush Syringe PRN ☐ NS 50 mL PRN

Physician's Signature _____ **Time**_____ **Date**_____

Fax completed form to the MRMC Infusion Center at 979-241-5965.
PLEASE include copies of: H+P, OFFICE NOTES, LABS, ACTIVE MEDICATION PROFILE, and CURRENT INSURANCE INFORMATION in order for your referral to be processed.