



Infusion Physician Order Form

PATIENT INFORMATION

PATIENT NAME: _____ DATE OF BIRTH: _____

ORDERS

DX:

MEDICATIONS:

STOP DATE: _____

LAB ORDERS:

- CBC
- ESR/CRP
- VANCOMYCIN TROUGH - TO BE DRAWN IMMEDIATELY PRIOR TO VANC INFUSION
- CMP
- CK
- OTHER: _____

LAB FREQUENCY:

WEEKLY OTHER: _____

LINE TYPE:

TYPE: _____ #LUMENS: _____

CVC DRESSING CHANGE WEEKLY OR: _____

FLUSHING INSTRUCTIONS:

- SODIUM CHLORIDE 0.9%-10 ML; FLUSH IV CATHETER WITH 5 ML TO 10 ML AS DIRECTED
- HEPARIN 100 ML / 5 ML - FLUSH IV CATHETER WITH 3 ML TO 5 ML AS DIRECTED
- OTHER: _____

HOME HEALTHCARE AGENCY:

PHONE:

FAX:

PRESCRIBER/DEA NUMBER/NPI:

**PHYSICIAN
SIGNATURE:** _____ **DATE:** _____

PHARMACY INFORMATION



 www.VytOneSpecialty.com

VytOne Specialty Pharmacy
6101 43rd St., Suite C
Lubbock, TX 79407
Phone: (833) 789-5324
Fax: (806) 791-1918

VytOne Specialty Pharmacy
102 SW 3rd Ave
Amarillo, TX 79101
Phone: (800) 657-7122
Fax: (806) 355-5288