



Nevada Infusion  
5401 Longley Lane, Suite 34, Reno, NV 89511  
PH: 775-453-0667 | Fax: 775-470-8478

## General Medication Order Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

### DIAGNOSIS:

DIAGNOSIS: \_\_\_\_\_ ICD-10 \_\_\_\_\_  
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### ORDER:

1. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ **IV** every \_\_\_\_\_ x1 year  
2. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ **SQ** every \_\_\_\_\_ x1 year

### PRE-MEDICATIONS:

- ☐ Acetaminophen 650mg PO
- ☐ Diphenhydramine 25mg PO or IV or Zyrtec 10 mg PO
- ☐ Hydrocortisone 100mg IV or Methylprednisolone 125mg IV
- ☐ Additional Pre-Medications: \_\_\_\_\_

### MAY ADMINISTER IF NEEDED FOR ALLERGIC REACTION:

- ☒ Nevada Infusion Hypersensitivity Reaction Order Set
- ☐ Other: \_\_\_\_\_

ACCESS: Peripheral IV, Port, Midline, or PICC line

FLUSHING: 10 mls NS pre/post infusion OR Heparin 5ml for port – 100 units/ml

NURSING: Per Nevada Infusion

LABS ORDERS: \_\_\_\_\_ Fax results to: \_\_\_\_\_

### PROVIDER INFORMATION:

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Fax This Form With - DEMOGRAPHICS, LABS, MEDICATION LIST and H&P: 775-470-8478**

**\*\*Insurance verification/authorization is always obtained by Nevada Infusion prior to scheduling patients. \*\***