Harbor Regional Health Infusion Services Order
915 Anderson Dr., Aberdeen, WA 98520 ■ (360) 537-5144 ■ Fax (360) 537-5165

* indicates required field

*Date: _____   *Patients full name: _____

*DOB: _____   Contact phone #: _____

*Ordering Provider: _____

*Provider contact #: _____   Fax #: _____

*Insurance Carrier: _____

---

*ICD-10 Code: _____

 *Written Diagnosis: _____

MEDICATION ORDERS

Medication Name	Dosage	Route	Frequency

Treatment Orders: _____

_____

Lab Orders: _____

☐ PICC/PORT Maintenance per hospital protocol   ☐ PICC/PORT Occlusion per hospital protocol

☐ Insert PIV   ☐ Access PICC   ☐ Access implanted port   ☐ D/C PICC when Treatment Complete

☐ Leave PIV in up to 3 days

 *Please note, insertion information for previously inserted PICC or port must accompany order.

---

*Ordering Providers Signature _____ ***Date** _____ ***Time** _____

Cosigning Providers Signature (if required) _____ **Date** _____ **Time** _____

AIS
PHYSICIAN'S
ORDERS

M.APO   ais400_008 (rev 03/24/2021)