AMBULATORY INFUSION SERVICES ORDER

915 Anderson Dr., Aberdeen, WA 98520 ■ (360) 537-5144 ■ Fax (360) 537-5165

* indicates required field

*Date: ______________________ *Ordering Provider: ______________________

*Provider contact #: ______________________ Fax #: ______________________

*Patients full name: ______________________

*DOB: ______________________ Contact phone #: ______________________

*Insurance Provider: ______________________ *ICD-10 Code: ______________________

*Written Diagnosis: ______________________

ORDER

Medication	Dosage	Route	# of Doses	Frequency

Treatment: ______________________

Lab Requirements: ______________________

Insert PIV ☐ Access PICC ☐ Access implanted port ☐

Leave PIV in up to 3 days ☐ Cathflo prn for occlusion per protocol ☐

*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** __________

***Please take note:**

- Current H&P or Office notes and a current complete medication list must accompany all orders
- Patient must be ambulatory or have the availability of a caregiver that must stay with the patient for the entirety of the visit
- Orders must be received before 3:30pm on Friday in order to provide services on the weekends

M.APO

AIS PHYSICIAN'S ORDERS

ais400_008 (rev 09/27/16)

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