

Infusion Order Form

101 NW 12th Ave STE 107
Battle Ground, WA 98604

Phone: 360.723.0528
Fax: 360.995.0081

HYDRATION

- 500 ml
 1000ml
- Normal Saline
 Lactated Ringers

IRON INFUSIONS

Venofer - Iron Sucrose (safe during pregnancy)

- 100 mg
 200 mg (most common)
 300 mg

Ferrlecit- Sodium Ferric Gluconate:

- 62.5 mg
 125 mg (most common)

INFUSION FREQUENCY

(Please specify frequency)

- X 1 infusion
 X 2 total infusions _____
 X 3 total infusions _____

PATIENT INFORMATION

Patient First Name: _____

Patient Last Name: _____

Patient Phone: _____

Date of Birth: _____ Gender: M F

Mailing Address: _____

- Patient will call to schedule Please call patient

Pregnant? Yes No

Insurance: _____

Diagnosis/ ICD (REQUIRED): _____

REQUESTING PROVIDER INFORMATION

Referring Provider _____

Referring Provider's NPI: _____

Phone (to clarify orders) _____

Date _____ Fax _____

Provider Signature _____

Special consideration (supplements/medications etc) :

Rechecking of labs will be performed at ordering providers office unless the Patient establishes care with a Vital Care provider

Please call if you have questions about your insurance coverage or our self pay prices

VITALCAREWA.COM

