

PATIENT INFORMATION
 Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S) (FRONT AND BACK)
MEDICAL INFORMATION

Patient Weight: _____ lbs. Allergies: _____

 Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

Labs: Required labs to be drawn by: Infusion Clinic Referring Physician

Lab Orders: _____

DIAGNOSIS: *Please indicate ICD-10*

- | | | |
|--|--|---|
| <input type="checkbox"/> Cellulitis/MSSA
Location: _____ | <input type="checkbox"/> Diabetic Wound
Location: _____ | <input type="checkbox"/> MRSA
Location: _____ |
| <input type="checkbox"/> Chronic Bronchitis _____ | <input type="checkbox"/> Diverticulitis _____ | <input type="checkbox"/> Pneumonia _____ |
| <input type="checkbox"/> Chronic Sinusitis _____ | <input type="checkbox"/> Gastroenteritis _____ | <input type="checkbox"/> Complicated UTI _____ |
| <input type="checkbox"/> Dehydration/Flu/Viral
Syndrome _____ | <input type="checkbox"/> Pyelonephritis _____ | <input type="checkbox"/> Osteomyelitis
Location: _____ |
| | <input type="checkbox"/> Other: _____ | |

ANTIBIOTIC IV ORDER

- | | | |
|--|---|---|
| <input type="checkbox"/> Avelox 400mg | <input type="checkbox"/> Flagyl 500mg | <input type="checkbox"/> Primaxin <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg |
| <input type="checkbox"/> Avycaz 2.5 grams
CrCl daily if CrCl <50mL/min | <input type="checkbox"/> Fortaz <input type="checkbox"/> 1gm <input type="checkbox"/> 2gm | <input type="checkbox"/> Rocephin <input type="checkbox"/> 1gm <input type="checkbox"/> 2gm |
| <input type="checkbox"/> Baxdela <input type="checkbox"/> 300mg
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Gentamicin _____ mg | <input type="checkbox"/> Tobramycin _____ mg |
| <input type="checkbox"/> Cefazolin 1gm | <input type="checkbox"/> Invanz 1g | <input type="checkbox"/> Vancomycin (must have PICC line)
<input type="checkbox"/> 500mg <input type="checkbox"/> 1000mg <input type="checkbox"/> _____ mg
*Vancomycin levels before 4th dose then
trough weekly |
| <input type="checkbox"/> Cipro 400mg | <input type="checkbox"/> Kimyrza 1200mg x 1 dose | <input type="checkbox"/> Vibativ <input type="checkbox"/> 10mg/kg
<input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Clindamycin _____ mg | <input type="checkbox"/> Levaquin _____ mg | <input type="checkbox"/> Xerava _____ mg |
| <input type="checkbox"/> Cubicin
<input type="checkbox"/> 4mg/kg <input type="checkbox"/> 6mg/kg
<input type="checkbox"/> Baseline CPK and BMP | <input type="checkbox"/> Maxipime <input type="checkbox"/> 1gm <input type="checkbox"/> 2gm | <input type="checkbox"/> Zemdri <input type="checkbox"/> 15mg/kg (CrCl ≥ 90)
<input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dalvance
<input type="checkbox"/> 1000mg followed one
week later by 500mg. | <input type="checkbox"/> Merrem _____ mg | *CrCl must be monitored daily* |
| <input type="checkbox"/> 750 mg followed one week later
by 375mg (CrCl < 30) | <input type="checkbox"/> Nuzrya <input type="checkbox"/> 200mg <input type="checkbox"/> 100mg | <input type="checkbox"/> Zerbaxa <input type="checkbox"/> 1.5 grams <input type="checkbox"/> 3 grams
<input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 1500 mg x 1 dose | <input type="checkbox"/> Orbactiv 1200mg x 1 dose | *CrCl daily as indicated* |
| <input type="checkbox"/> 1125 mg x 1 dose (CrCl < 30) | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Zithromax 500mg |

DOSING Daily or BID
for _____ days _____ weeks

Lab Orders: _____

Additional Orders/Comments: _____

PHYSICIAN INFORMATION

 By signing this form and utilizing our services, you are authorizing *Paragon Healthcare, Inc.* and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Physician Name: _____ Date: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATIONS

-
- Alpharetta, GA
-
- Arlington, TX
-
- Atlanta, GA
-
- Austin, TX
-
- Bee Cave, TX
-
- Birmingham, AL
-
- Cape Coral, FL
-
- Clear Lake, TX
-
- Clearwater, FL
-
- Coppell, TX
-
- Creve Coeur, MO
-
- Dallas, TX
-
-
- Decatur, GA
-
- Denver, CO
-
- El Paso East, TX
-
- El Paso West, TX
-
- Fort Myers, FL
-
- Fort Worth, TX
-
- Hendersonville, TN
-
- Houston, TX
-
- Huntsville, AL
-
- Independence, MI
-
- Kansas City, MI
-
-
- Knoxville, TN
-
- Kyle, TX
-
- Lubbock, TX
-
- Montgomery, AL
-
- Murfreesboro, TN
-
- Naples, FL
-
- Nashville, TN
-
- North Hills, TX
-
- Plano, TX
-
- Round Rock, TX
-
- San Antonio, TX
-
- Sarasota, FL
-
-
- Smyrna, GA
-
- St. Louis, MI
-
- Stone Oak, TX
-
- Waco, TX
-
- West Houston, TX
-
- The Woodlands, TX
-
- Other: _____