

PATIENT INFORMATION
 Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

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

- Congestive Heart Failure - Ejection Fraction % _____
 Renal Impairment Other Cardiac History: _____ Diabetes Other History: _____

DIAGNOSIS - (ICD-10)

- Dehydration _____ Gastroenteritis _____ Nausea / Vomiting _____
 Electrolyte Imbalance _____ Hyperemesis of Pregnancy _____ Other: _____

FLUID

- Normal Saline D5 .45NS - (D5 - .45 Normal Saline) .45 Normal Saline D5 Lactated Ringers
 D5NS - (D5 Normal Saline) Lactated Ringers Other: _____

VOLUME
FREQUENCY
RATE OF ADMINISTRATION

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 Liter (1000mL) | <input type="checkbox"/> One time dose _____ | <input type="checkbox"/> Bolus, as tolerated |
| <input type="checkbox"/> 2 Liter (2000mL) | <input type="checkbox"/> _____ times per week | <input type="checkbox"/> Over 1 hour |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Over 2 hours |
| | | <input type="checkbox"/> Over _____ hours |

ADDITIONAL IV MEDICATIONS
Zofran IVP: 4mg 8mg **Reglan IV:** 10mg - 100mL NS **Pepcid IV:** 20mg IV **KCL:** 20Eq in 1000mL NS

Protonix IV: 40mg **MVI (infuvite):** 1 AMP in 1000mL NS

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

 Clinical/Progress Notes, Labs, Test supporting primary diagnosis

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: _____