Trinity Health Muskegon & Shelby Infusion Clinics
Muskegon: 1500 Sherman BLVD, Muskegon, MI 49444
Shelby: 72 S. State St. Shelby, MI 49455
Fax: 2 3 1 - 7 2 7 - 4 3 2 8

Infusion Therapy

With Fax Include: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. Trinity Health Muskegon will obtain any necessary medication authorizations for patients receiving infusion therapies

Order Date: ____/____/____ **Site of Service:** ☐ TH Muskegon ☐ TH Shelby

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Renewal

Patient Name: _____
Date of Birth: ____/____/____
Weight: _____kg **Height:** _____cm
Allergies: _____

Primary Insurance: _____
Member ID: _____
Secondary Insurance: _____
Member ID: _____

Diagnosis

Diagnosis Code (**ICD-10**):_____
Indication: _____
Target start date: _____

Pre-Medications

☐ None
☐ Acetaminophen 650 mg PO
☐ Diphenhydramine 50 mg PO
☐ Diphenhydramine 50 mg IV
☐ Hydrocortisone _____mg IV
☐ Methylprednisolone _____mg IV
☐ Famotidine 20 mg PO
☐ Famotidine 20 mg IV
☐ Other: _____

Lab Orders

☐ No labs required
☐ BMP
☐ CBC
☐ CMP
☐ CK
☐ ESR
☐ AST/ALT
☐ BUN
☐ CBC w/ diff
☐ CRP
☐ SCr
☐ Other: _____

Frequency

☐ Once
☐ Daily
☐ Weekly
☐ Other: _____

Hold and notify provider: if patient _____

Medication: _____

Dose: _____ Route: _____

Frequency: _____ Duration: _____

Nursing Orders

Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy if necessary: sodium chloride 0.9 % bolus 500 mL PRN; acetaminophen tablet 650 mg PRN; albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg PRN; albuterol HFA inhaler 2 puff PRN; epinephrine injection 0.3 mg PRN; famotidine injection 20 mg PRN; diphenhydramine injection 50 mg PRN; diphenhydramine injection 25 mg PRN; hydrocortisone sodium succinate injection 100 mg PRN

Provider Name: _____ Provider Signature: _____
Office Phone Number: _____ Office Fax Number: _____
Attending Physician Name: _____
(If ordering provider is an advanced practice practitioner, attending physician required)
Note: This order is valid for 12 months from date of physician signature.