Physician's Orders

MEDROXYPROGESTERONE (DEPO-PROVERA) - ADULT, OUTPATIENT, INFUSION CENTER

Page 1 to 1

Defaults for orders not otherwise specified below:

☐ Interval: Every 84 days

Duration:

☐ Until date: __________

☐ 1 year

☐ ______ # of Treatments

Anticipated Infusion Date ____________ ICD 10 Code with Description __________________________

Height ____________ (cm) Weight ____________ (kg) Allergies __________________________________________________________________________

Provider Specialty

☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology

☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery

☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology

☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care

Site of Service

☐ SH Gerber ☐ SH Lemmen Holton (GR) ☐ SH Pennock ☐ SH United Memorial

☐ SH Helen DeVos (GR) ☐ SH Ludington ☐ SH Reed City ☐ SH Zeeland

Appointment Requests

☑ Infusion Appointment Request

Status: Future, Expected: S, Expires: S+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection

Nursing Orders

☑ ONC NURSING COMMUNICATION 109

Refer to Clinical Operations Ambulatory / Physician Practices for MedroxyPROGESTERone depot injection: https://spectrumhealth.policetech.com/docview/?docid=32998&anonymous=true

Patient may need urine pregnancy test prior to dispensing / administration of medroxyPROGESTERone depot injection

Labs

☑ Beta Human Chorionic Gonadotropin (hCG), Qualitative, Urine PRN

Status: Future, Expires: S+400, URGENT, Clinic Collect, Urine, Urine, clean catch

Medications

☑ medroxyPROGESTERone (DEPO-PROVERA) injection 150 mg

150 mg, Intramuscular, Once, Starting S, For 1 Doses

Patient may require pregnancy test prior to pharmacy dispensing

Telephone order/Verbal order documented and read-back completed. Practitioner’s initials ____________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

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Sign R.N. Sign Physician Print Physician

EPIC VERSION DATE: 12/07/18

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.