



Patient Name
DOB
MRN
Physician
FIN

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.policytech.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.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
	Sign		R.N. Sign		Physician Print	Physician

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.