



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+365, 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+365, URGENT, Clinic Collect, Urine, Urine, clean catch

**Medications**

medroxyPROGESTERone (DEPO-PROVERA) injection 150 mg

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

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.