Defaults for orders not otherwise specified below:
- Interval: Every 42 days
- Interval: Every 84 days
- Interval: Every ____ 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

CATHETER CARE: Implantable Venous Port

- ☑ Catheter Care Implantable Venous Port Flush
  - ☑ sodium chloride flush 0.9 % syringe 10 mL
    - 10 mL, Intravenous, PRN, Line Care, Flush with 10 mL before AND after medications/IV fluids and after blood draws. Follow with heparin flush if port is assessed but not in use., Starting S
  - ☑ heparin flush 100 UNIT/ML injection 500 Units
    - 5 mL, Intravenous, PRN, Line Care, Heparin Flush every 24 hours if port assessed but not in use, before de-accessing port and minimally every month if not accessed., Starting S

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.

<table>
<thead>
<tr>
<th>TRANSCRIBED:</th>
<th>VALUATED:</th>
<th>ORDERED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME</td>
<td>DATE</td>
<td>TIME</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sign</td>
</tr>
</tbody>
</table>