Defaults for orders not otherwise specified below:

- Interval: Every _____ day(s)
- Interval: Once

Duration:
- Until date: __________
- 1 year
- _____ # of Treatments

Anticipated Infusion Date: __________ ICD 10 Code with Description: ________________

Height: _______ (cm) Weight: _______ (kg) Allergies: ________________

Provider Specialty
- ☐ Allergy/Immunology
- ☐ Cardiology
- ☐ Gastroenterology
- ☐ Genetics
- ☐ 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. Duration: 0 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after. This appointment request is generated from a blank therapy plan. Be sure to review the interval (on all orders) in the therapy plan in order to determine appropriate appointment dates and intervals.

Nursing Orders

☐ ONC NURSING COMMUNICATION 100

May Initiate IV Catheter Patency Adult Protocol

Labs

☐ ________________ Interval: Every _____ days

- ☐ Every _____ days
- ☐ Once

☐ ________________ Duration: Until date: __________

- ☐ Until date: __________
- ☐ 1 year
- ☐ _____ # of Treatments

Pre-Medications

☐ ________________

☐ ________________

Medications

☐ ________________

☐ ________________

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.

EPIC VERSION DATE: