

## PATIENT INFORMATION

 *Demographics attached*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S), FRONT AND BACK**

## HISTORY

Congestive Heart Failure - Ejection Fraction % \_\_\_\_\_  
 Renal Impairment  Other Cardiac History: \_\_\_\_\_  Diabetes  Other History: \_\_\_\_\_

## DIAGNOSIS - (ICD-10)

Dehydration \_\_\_\_\_  Gastroenteritis \_\_\_\_\_  Nausea / Vomiting \_\_\_\_\_  
 Electrolyte Imbalance \_\_\_\_\_  Hyperemesis of Pregnancy \_\_\_\_\_  Other: \_\_\_\_\_

## FLUID

Normal Saline  D5 .45NS - (D5 - .45 Normal Saline)  .45 Normal Saline  D5 Lactated Ringers  
 D5NS - (D5 Normal Saline)  Lactated Ringers  Other: \_\_\_\_\_

## VOLUME

## FREQUENCY

## RATE of ADMINISTRATION

<input type="checkbox"/> 1 Liter (1000mL)	<input type="checkbox"/> One time dose _____	<input type="checkbox"/> Bolus, as tolerated
<input type="checkbox"/> 2 Liter (2000mL)	<input type="checkbox"/> _____ times per week	<input type="checkbox"/> Over 1 hour
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Over 2 Hours
		<input type="checkbox"/> Over _____ hours

## ADDITIONAL IV MEDICATIONS

Zofran IVP  4mg  8mg    Reglan IV  10mg - 100mL NS    Pepcid IV  20mg IV    KCL  20mEq in 1000mL NS  
 Protonix IV  40mg    MVI (infuvite)  1 AMP in 1000mL NS

**Labs:** Required labs to be drawn by:    Infusion Clinic    Referring Physician

**Clinical/Progress Notes, Labs, Test** supporting primary diagnosis

**Additional Orders/Comments:**

## PHYSICIAN INFORMATION

*By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.*

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

## INFUSION CENTER LOCATION

<input type="checkbox"/> Arlington	<input type="checkbox"/> Austin	<input type="checkbox"/> Dallas	<input type="checkbox"/> Houston	<input type="checkbox"/> Knoxville	<input type="checkbox"/> North Hills	<input type="checkbox"/> Plano	<input type="checkbox"/> Round Rock	<input type="checkbox"/> San Antonio	<input type="checkbox"/> Stone Oak
P: 817.200.2530	P: 512.261.4800	P: 972.408.2777	P: 713.860.1755	P: 865-299-7525	P: 817.284.2700	P: 469-974-0565	P: 737-443-5230	P: 210.366.4358	P: 210.485.3700
F: 817.509.0011	F: 512.261.4803	F: 469.913.6894	F: 713.277.7219	F: 865-338-5604	F: 817.284.2701	F: 469-608-2072	F: 737-402-7698	F: 210.366.4896	F: 210.390.1738

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