

CHICO

Phone: (530) 225-8898 | Fax: (530) 246-7366

REDDING

Phone: (530) 225-8898 | Fax: (530) 246-7366

Patient Name: Date of Birth: Date of	WELLSCRIPT INFUSION PRESCRIBER FORM					
Address: Phone:	Fax completed form, insurance information, and clinical documentation to Wellscript Infusion Pharmacy (530) 246-7366.					
Phone: Height: in cm Weight: Ib kg CLINICAL INFORMATION	Patient Name:			Date of Birth:		
ICD-10 Code/Diagnosis: Allergies: PRESCRIPTION Please indicate medication, dose, frequency, route, and length of therapy: ANCILLARY ORDERS IV Flush Orders Peripheral: NS 2 to 3 mL pre-/post-use. Heparin (10 unit/mL) 1 to 3 mL post-use. For maintenance, C NS 2 to 3 mL every 12 hr or heparin (10 unit/mL) 1 to 3 mL post-use. For maintenance, C NS 2 to 3 mL every 12 hr or heparin (10 unit/mL) 1 to 3 mL every 24 hr. Peripheral-Midline: NS 3 to 5 mL pre-/post-use, 5 mL pre-lab draw, and 10 mL post-lab draw. Heparin (10 unit/mL) 3 mL every 12 hr or (100 unit/mL) 3 mL every 24 hr. PECC and Central Tunneled/Non-Tunneled. NS 5 mL pre-/post-use, 5 mL pre-lab draw, and 10 mL post-lab draw. Heparin (100 unit/mL) 5 mL or (100 unit/mL) 3 mL every 24 hr. NS 5 mL pre-/post-use, 5 mL pre-lab draw, and 10 mL post-lab draw. Heparin (100 unit/mL) 5 mL or (100 unit/mL) 3 mL every 24 hr. NS 5 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. Heparin (100 unit/mL) 3 to 5 mL post-use. For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly to monthly if not accessed. Valved Catheters: NS 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. For maintenance, NS 5 to 10 mL at least weekly. * Nurse to perform central line dressing changes weekly and prn. Lab Orders Walved Catheters: No lab ordered at this time.	Address:					
CD-10 Code/Diagnosis: PRESCRIPTION	Phone:	Height:		☐ in ☐ cm Weig	ght: 🗌 lb 🗎 kg	
Allergies: PRESCRIPTION Please indicate medication, dose, frequency, route, and length of therapy: ANCILLARY ORDERS IV Flush Orders Peripheral: NS 2 to 3 mL pre-/post-use. Heparin (10 unit/mL) 1 to 3 mL post-use. For maintenance, c, MS 2 to 3 mL every 12 hr or heparin (10 unit/mL) 1 to 3 mL post-use. For maintenance, heparin (10 unit/mL) 3 mL every 12 hr or heparin (10 unit/mL) 3 mL post-use. For maintenance, heparin (10 unit/mL) 3 mL every 12 hr or heparin (10 unit/mL) 3 mL every 24 hr. PERECENSE TURNED STATE		CLINICAL IN	FORMATION			
Please indicate medication, dose, frequency, route, and length of therapy: Note	ICD-10 Code/Diagnosis:					
ANCILLARY ORDERS Y Flush Orders	Allergies:					
NS 2 to 3 mL pre-/post-use. Heparin (10 unit/mL) 1 to 3 mL post-use. For maintenance, NS 2 to 3 mL every 12 hr or heparin (10 unit/mL) 1 to 3 mL every 24 hr. Peripheral-Midline:	PRESCRIPTION					
Peripheral: NS 2 to 3 mL pre-/post-use. Heparin (10 unit/mL) 1 to 3 mL post-use. For maintenance, NS 2 to 3 mL every 12 hr or heparin (10 unit/mL) 1 to 3 mL every 24 hr.	Please indicate medication, dose, frequency, route, and	length of therap	<u>V:</u>			
Peripheral:		ANCILLAR	Y ORDERS			
Heparin (10 unit/mL) 3mL post-use. For maintenance, heparin (10 unit/mL) 3 mL every 12 hr or (100 unit/mL) 3mL every 24 hr. PICC and Central Tunneled/Non-Tunneled: NS 5 mL pre-/post-use, 5 mL pre-lab draw, and 10 mL post-lab draw. Heparin (10 unit/mL) 5 mL or (100 unit/mL) post-use. For maintenance, heparin (100 unit/mL) 5 mL or (100 unit/mL) 3mL every 24 hr. Implanted Port: NS 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. Heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly to monthly if not accessed. Valved Catheters: NS 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. For maintenance, NS 5 to 10 mL at least weekly. * Nurse to perform central line dressing changes weekly and prn. Lab Orders No labs ordered at this time. CMP		For maintenance, ☐ NS 2 to 3 mL every 12 hr <u>or</u> ☐ heparin (10 unit/mL) 1 to				
Heparin (10 unit/mL) 5 mL or (100 unit/mL) 3mL every 24 hr. Implanted Port:	☐ <u>Peripheral-Midline:</u>	Heparin (10 unit/mL) 3mL post-use. For maintenance, heparin \square (10 unit/mL) 3 mL every 12 hr \underline{or} \square (100 unit/mL)				
Heparin (100 unit/mL) 3 to 5 mL post-use. For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly to monthly if not accessed. Valved Catheters:	☐ PICC and Central Tunneled/Non-Tunneled:	Heparin \square (10 unit/mL) 5 mL <u>or</u> \square (100 unit/mL) post-use.				
For maintenance, NS 5 to 10 mL at least weekly. * Nurse to perform central line dressing changes weekly and prn. * Nurse to perform central line dressing changes weekly and prn. BMP	☐ Implanted Port:	Heparin (100 unit/mL) 3 to 5 mL post-use. For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or				
BMP CRP Skilled nurse to assess and administer and/or teach self-administration where appropriate via access device as indicated above. Nurse will proved ongoing support as needed. Refill above ancillary orders as directed x1 year. I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment. Prescriber Signature: PRESCRIBER INFORMATION Prescriber Name: Phone: Fax:		For maintenance, NS 5 to 10 mL at least weekly.				
Prescriber Signature: Date: PRESCRIBER INFORMATION Prescriber Name: Phone: Fax:	 □ BMP □ CRP □ ESR □ No labs ordered at this time. □ CMP □ CBC □ Other: □ Skilled nurse to assess and administer and/or teach self-administration where appropriate via access device as indicated above. 					
PRESCRIBER INFORMATION Prescriber Name: Phone: Fax:	I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.					
Prescriber Name: Phone: Fax:					Date:	
		PRESCRIBER II				
Addross: NDI:					Fax:	
City, State: Zip: Office Contact:	Address:	7in.	NPI:	Office Contest:		