



# KabaFusion TX

Patient-Focused Infusion Therapy

## Methylprednisolone Patient Referral and Prescription Sheet Return Signed RX via Fax to 888.837.2716

To: Jean Bremmer, Pharm.D		From:	Phone:
Intake phone: <b>800.333.0660</b>		Fax:	Number of Pages, Including Cover:
<b>Date:</b>	<b>DOB:</b>	<b>Allergies:</b>	
<b>Patient Name:</b>		<b>Height:</b>	<b>Weight:</b>
<b>Medication Order:</b>			
Methylprednisolone 1gm in 100mL 0.9% Sodium Chloride infused once daily over 1 hour via homepump -100mL/hr.			
Duration: x _____ days; last dose on _____; <b>then discontinue above order and discharge patient.</b>			
Has patient received above medication previously:      Yes /                  No			
Standard Anaphylaxis Protocol required:      No /                  Yes – Anaphylaxis kit = RX# _____			
<b>Intravenous Access: PERIPHERAL</b>			
Flush orders = protocol:			
RX# _____ 0.9% Sodium Chloride Flush: <b>3mL</b> before and after each infusion and PRN			
RX# _____ Heparin 10units/ml 3ml after last saline each infusion			
Laboratory Orders: _____ _____ _____			
<b>Diagnosis:</b> _____		<b>Chronic Conditions:</b> _____	
<b>Allergies:</b> _____		_____ _____	
<b>Date of Birth:</b>		<b>Height:</b>	<b>Weight:</b>
<b>Nursing Coverage:</b> _____		<b>Faxed</b>	<b>Communicated</b>
Please fax the following information:			
<input checked="" type="checkbox"/> Methylprednisolone order – include dose, route of administration, frequency, duration, and any premedications <b>OR</b> use Rx order section above			
<input checked="" type="checkbox"/> Patient demographics – include insurance information. <b>We will obtain authorization</b> unless the insurance dictates otherwise			
<input checked="" type="checkbox"/> H & P <b>OR</b> progress note(s) describing diagnosis and clinical status			
<input checked="" type="checkbox"/> Labs – BUN/Creatinine (preferred within last 90 days)			
Orders Received via: :                  Faxed Prescription from MD _____			
By: _____ MD Signature			
<small>CONFIDENTIALITY NOTICE</small>			
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<b>KabaFusion TX   4950 Westgrove Dr., Suite 100   Dallas, TX 75248</b> <b>Phone 800.333.0660   Fax 888.837.2716   <a href="http://www.KabaFusion.com">www.KabaFusion.com</a></b>			