



## Methylprednisolone Patient Referral and Prescription Sheet Return Signed RX via Fax to 877.445.8821

To: Kathryn Brandt, Pharm.D		From:		Phone:	
Intake phone: <b>877.577.4844</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 _____ gm in _____ mls in _____ L 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					
Epi-Pen 0.3mg 2 PaK Auto Injector					
<b>Intravenous Access: PERIPHERAL</b>					
Flush orders = protocol:					
_____ 0.9% Sodium Chloride Flush: <b>3mL</b> before and after each infusion and PRN					
_____ Heparin 100units/ml 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><u>We will obtain authorization</u></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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