



INFUSION SUITE		BLANK INFUSION ORDERS	
Durango infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301		Phone: 970-828-3500	Fax: 970-828-3501
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name:	<input type="text"/>	DOB:	<input type="text"/>
<b>MEDICAL INFORMATION</b>			
ICD10:	<input type="text"/>	Patient Height:	<input type="text"/>
Patient Weight (kg):	<input type="text"/>	Allergies:	<input type="text"/>
*Weigh patient prior to each infusion			
<b>BLANK ORDERS</b>			
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
<b>POST INFUSION</b>			
<input type="checkbox"/> Flush IV line with NS. D/C IV.			
<input type="checkbox"/> Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
<input type="checkbox"/> Discharge home			
Referring Provider Printed:	<input type="text"/>		
Referring Provider Signature:	<input type="text"/>	Date:	<input type="text"/>
Referring Provider Phone:	<input type="text"/>	Referring Provider Fax:	<input type="text"/>
Durango Provider Printed:	<input type="text"/>		
Durango Provider Signature:	<input type="text"/>	Date:	<input type="text"/>

*\*Credentials must be included*