The Infusion Suites

Telephone: 703.313.9111
Fax: 703.313.4945

Alexandria Office
6355 Walker Lane, Suite 313
Alexandria, VA 22310

Falls Church Office
7115 Leesburg Pike, Suite 201
Falls Church, VA 22043

Lorton Office
9010 Lorton Station Blvd, Suite 223
Lorton, VA 22079

Reston Office
12007 Sunrise Valley Drive, Suite 120
Reston, VA 20191

www.integratedneurologyservices.com

Infusion Therapy Orders

Required Information:

- Completed and signed order form
- Patient demographic
- Copy of insurance card (front and back)
- Clinical/progress notes (to include recent infusion note if applicable) and labs supporting primary diagnosis.

Please note: Lab monitoring is responsibility of the ordering physician.

Patient Name: _____ Phone Number: _____

Patient DOB: _____ Weight: _____ kg/lbs.

Diagnosis (ICD-10): _____

Medication: _____ Route: _____

Dose: _____ Refills: _____

Frequency _____ Other: _____

Allergies: _____

Please check desired options:

Pre Medications:

- ○ Tylenol (acetaminophen) 650/1000mg PO
- ○ Benadryl (diphenhydramine) 25/50mg PO/IV
- ○ Solu-Medrol 125mg slow IV push
- ○ None
- ○ Other: _____

Pre/Post IV Hydration:

- ○ 250mL NS pre/post
- ○ 500mL NS pre/post
- ○ 1000mL NS pre/post
- ○ None
- ○ Other: _____

Provider's Signature: _____ Date: _____

Printed Name: _____ NPI#: _____

Phone: _____ Fax: _____

Please fax completed form to 703-313-4945

ATTENTION: INFUSION COORDINATOR

Incomplete forms will be returned to sender. Please fill out form completely.