

## Solu-Medrol (Methylprednisolone) Infusion Order

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code): \_\_\_\_\_

Other: \_\_\_\_\_

NKDA  Allergies: \_\_\_\_\_

New Therapy Order  Continuation of Therapy Date of last dose: \_\_\_\_\_

Ordering Provider Name: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Pre-Medication

- Acetaminophen \_\_\_\_\_ mg by  PO
- Ceterizine \_\_\_\_\_ mg by  PO
- Diphenhydramine \_\_\_\_\_ mg by  PO/  IVP
- Solu-Medrol \_\_\_\_\_ mg by  PO/  IVP
- Solu-Cortef \_\_\_\_\_ mg by  PO/  IVP
- Other: \_\_\_\_\_

### Required Documentation:

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes/Labs supporting diagnosis
- Other: \_\_\_\_\_

### Patient Height and Weight:

Patient Height (cm): \_\_\_\_\_ Patient Weight (kg): \_\_\_\_\_

### Solu-Medrol Medication Order:

- Dosage (choose one):
  - 125 mg
  - 250 mg
  - 500 mg
  - 1000 mg
  - Other: \_\_\_\_\_
- Frequency (choose one):
  - Daily x \_\_\_\_\_ doses
  - Other: \_\_\_\_\_

### Additional Instructions/Notes:

### Ordering Provider:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Best Contact Person in Office: \_\_\_\_\_

Phone: \_\_\_\_\_