



Phone: 1-866-388-3883 Fax: 1-888-249-3132

Order for IV Home Antibiotics

Patient Name _____ DOB ___/___/___ Date _____

Infusion Prescription

1. _____ / _____ IV every _____ hrs. EOT _____
(Medication) (Dose)

2. _____ / _____ IV every _____ hrs. EOT _____
(Medication) (Dose)

First Dose _____ Anaphylaxis Kit

Weekly Labs: CBC CMP
 CRP ESR
 BMP Other _____

Fax Lab Result to _____ / _____
(Physician) (Fax Number)

Flush Orders: Nurse to instruct patient/family on aseptic technique, care of IV-line, self-administration of medication and flush per protocol

Heparin 100 units/ml Heparin 10 units/ml
 0.9% Sodium Chloride (Saline)

Physician Name

NPI

Physician Signature

Date