



4704 Cahaba River Road, Suite 101-D, Birmingham. AL 35243

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Infusion Order for Medication (Print) _____

Patient Name _____ Male _____ Female _____

DOB _____ Phone _____ Patient Weight _____

* Please attach demographics, clinic notes & labs.

DIAGNOSIS (Please provide ICD-10 code): _____

PRE-MEDICATION (IF NEEDED):

_____ Tylenol 1000mg PO _____ Solu-Cortef 100mg IVP _____

_____ Pepcid 20mg IV PRN _____ Benadryl 50mg PRN

ORDERS/DOSAGE:

PHYSICIAN NOTES: _____

ORDERING PROVIDER (Print Name): _____

Signature: _____ Date: _____

Phone: _____ Fax: _____