

 <p><b>VANCOUVER CLINIC</b>  <b>ADULT AMBULATORY NON-CHEMO</b>  <b>INFUSION REFERRAL and ORDER</b>          Attn: Infusion department</p> <p><b>Methylprednisolone Sodium Succinate</b>  <b>(SOLU-MEDROL®)</b></p>	<p><b>NAME:</b>  <b>DOB:</b>  <b>INSURANCE:</b>  <b>PROVIDER NAME:</b>  <b>CLINIC NAME and Phone number:</b></p>
---	--

Weight: \_\_\_\_\_ lb/kg    Height: \_\_\_\_\_ inch/cm  
 Diagnostic Code ICD-10: \_\_\_\_\_    Diagnosis: \_\_\_\_\_

Initial Consult

Treatment Start Date: \_\_\_\_\_

**\*\*These orders will expire after 365 days; new orders are needed after the expiration date\*\***

This form serves as a referral to infusion services and for medication ordering.  
 Patients will be seen by our internal infusion clinician for purposes of providing care.

**GUIDELINES FOR ORDERING:**

- Send FACE SHEET and H&P or most recent chart note.
- Vancouver clinic infusion service will initiate Adverse Reaction Algorithm per our service protocol.
- Pre-medication(s) based on protocol (if needed)
- Patient must be able to ambulate independently (if patient needs assistance with restrooming, a personal caregiver or capable family member must accompany and remain with patient for the duration of the appointment).

**MEDICATIONS:**

- Methylprednisolone sodium succinate (SOLU-MEDROL®)
- 500 mg in sodium chloride 0.9%, intravenous, over 30 minutes, every \_\_\_\_\_ days for \_\_\_\_\_ doses
  - 1000 mg in sodium chloride 0.9%, intravenous, over 60 minutes, every \_\_\_\_\_ days for \_\_\_\_\_ doses
  - 1000 mg in sodium chloride 0.9% intravenous, over 60 minutes x 1 dose.

**Provider's signature:** \_\_\_\_\_

**Provider's printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please fax the completed form and pertinent information to Fax: 360-604-1776*

**Vancouver Clinic Outpatient Infusion Service - 700 NE 87th Ave Suite 330, Vancouver, WA 98664**  
**Phone: 360-541-3245**