

**Patient Information** **Demographics Attached**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION:** Please attach a copy of insurance cards (front and back).

**Medical Information**

Congestive heart failure - ejection fraction %: \_\_\_\_\_ Diabetes \_\_\_\_\_  
 Renal impairment \_\_\_\_\_ Other cardiac history: \_\_\_\_\_ Other history: \_\_\_\_\_

**Diagnosis – (ICD-10)**

Dehydration: \_\_\_\_\_ Gastroenteritis: \_\_\_\_\_ Nausea/Vomiting: \_\_\_\_\_  
 Electrolyte imbalance: \_\_\_\_\_ Hyperemesis of pregnancy: \_\_\_\_\_ Other: \_\_\_\_\_

**Fluid**

Normal saline \_\_\_\_\_ D5NS – (D5 normal saline) \_\_\_\_\_ .45 normal saline \_\_\_\_\_ D5 lactated ringers \_\_\_\_\_  
 D5NS – (D5 normal saline) \_\_\_\_\_ Lactated ringers \_\_\_\_\_ Other: \_\_\_\_\_

**Volume**

1 Liter (1000 mL) \_\_\_\_\_  
 2 Liter (2000 mL) \_\_\_\_\_  
 Other: \_\_\_\_\_

**Frequency**

1 time dose \_\_\_\_\_  
 \_\_\_\_\_ times per week  
 Other: \_\_\_\_\_

**Rate of Administration**

Bolus, as tolerated \_\_\_\_\_  
 Over 1 hour \_\_\_\_\_ Over 2 hours \_\_\_\_\_  
 Over \_\_\_\_\_ hours \_\_\_\_\_

**Additional IV Medications**

**Zofran IVP:** 4 mg \_\_\_\_\_ 8 mg \_\_\_\_\_ **Reglan IV:** 10 mg – 100 mL NS \_\_\_\_\_ **Pepcid IV:** 20mg IV \_\_\_\_\_ **KCL:** 20 Eq in 1000 mL NS \_\_\_\_\_  
**Protonix IV:** 40 mg \_\_\_\_\_ **MVI (infuvite):** 1 AMP in 1000 mL NS \_\_\_\_\_  
**Labs:** Required labs to be drawn by: \_\_\_\_\_ Infusion Clinic \_\_\_\_\_ Referring Physician \_\_\_\_\_  
 Clinical/progress notes, labs and test supporting primary diagnosis \_\_\_\_\_  
**Additional Orders/Comments:** \_\_\_\_\_

**Physician Information**

By signing this form and utilizing our services, you are authorizing *Hy-Vee Health* and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

**Provider Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Provider NPI:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Service Areas**

Des Moines, IA \_\_\_\_\_ West Des Moines, IA \_\_\_\_\_ Chicago, IL \_\_\_\_\_ Omaha, NE \_\_\_\_\_ Buffalo, NY \_\_\_\_\_ Dallas, TX \_\_\_\_\_  
 Phoenix, AZ \_\_\_\_\_ Other \_\_\_\_\_

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