



DATE _____ DATE NEEDED _____

SHIP TO: Patient Physician's Office HealthQuest Infusion

Please fax completed form along with copy of patient's insurance cards and any labs to 866.612.3437

Patient Name _____	Prescriber's Name _____
Patient Address _____	License # _____ DEA # _____
City _____ State _____ Zip _____	NPI # _____ UPIN # _____
Day Phone _____ Work Phone # _____	Practice Name _____
Cell Phone _____ E-mail _____	Office Contact _____
Date of Birth _____ SS # _____	Address _____ Suite # _____
<input type="checkbox"/> Female	City _____ State _____ Zip _____
<input type="checkbox"/> Male	Phone _____ Fax _____

DIAGNOSIS

Patient: Wt. _____ Ht. _____ Allergies: Latex Other, specify _____

Dehydration Nausea/Vomiting Hyperemesis Gastroenteritis Electrolyte Imbalance

Other: _____

PRESCRIPTION

FLUID	VOLUME	IV MEDICATIONS	DOSE	RATE OF ADMINISTRATION
<input type="checkbox"/> Normal Saline	<input type="checkbox"/> 1 Liter	<input type="checkbox"/> MVI (infuvite)	<input type="checkbox"/> 10mL	<input type="checkbox"/> Over 1 hour
<input type="checkbox"/> Lactated Ringers	<input type="checkbox"/> 2 Liters	<input type="checkbox"/> Folic Acid	<input type="checkbox"/> 1mg	<input type="checkbox"/> Over 2 hours
<input type="checkbox"/> D5NS	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Thiamine (B1)	<input type="checkbox"/> 4mg	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Zofran IVP	<input type="checkbox"/> 8mg	
		<input type="checkbox"/> Reglan IV	<input type="checkbox"/> 10mg	
		<input type="checkbox"/> Pepcid IV	<input type="checkbox"/> 20mg	
		<input type="checkbox"/> Protonix IV	<input type="checkbox"/> 40mg	
			<input type="checkbox"/> 100mg	

PRESCRIBER'S SIGNATURE (Signature required. No stamps.) _____ **DATE** _____

IMPORTANT NOTICE: This fascimile is intended to be delivered to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee.