FUSE INFUSION

175 Memorial Highway. Suite 1-1
New Rochelle, NY
10801

914-460-4891
fuse@fuseinfusion.com
914-460-4571

INFUSION order

Patient Name _____ DOB _____

Phone _____ M ○ F ○

DIAGNOSIS *Please provide ICD-10 code*

☐ _____
☐ _____
☐ _____
☐ _____

☐ _____ _____
☐ _____ _____

PRE-MEDICATION

☐ _____
☐ _____
☐ _____

☐ _____
☐ _____

(other)

ORDERS

DOSAGE

○ _____
◉ _____
○ _____

PATIENT WEIGHT

_____ lbs.
_____ kg

NOTES

_____

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____