



# eMediateINFUSIONcenter

- New Prescription/Referral
- Prescription Refill

## PRESCRIPTION(Rx)/REFERRAL

**Rx:** Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

MEDICATION/Strength: \_\_\_\_\_ ROUTE:  Peripheral IV  Port  
 PICC  SubQ  
 Midline  IM

Directions: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ ICD-10 CODE: \_\_\_\_\_

Pre-Medication:  Solumedrol 125mg IVP  Tylenol \_\_\_\_\_ mg PO  Benadryl \_\_\_\_\_ mg ANA Kit Protocol:  OK to use  
 Solu-Cortef \_\_\_\_\_ mg IVP  650mg  975mg  25mg  IV  50mg  PO

\_\_\_\_\_  
 Physician Signature Date: (Valid for 1 year)

## PHYSICIAN INFORMATION

Physician Name: \_\_\_\_\_ CLINIC: \_\_\_\_\_

Contact Information: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Other: \_\_\_\_\_ Email: \_\_\_\_\_

Office Mailing Address: \_\_\_\_\_

### Check that the following are included:

- Patient demographics & Insurance attached
- Lab Results
- Medication List
- Clinical progress notes
- Other Test Results
- History and Physical
- Diagnosis (supporting)

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