

# IV Solu-Medrol Order

(Methyl-Prenisolone)

**SMART CHOICE INFUSION**  
FOR YOUR HEALTH & WELLNESS

www.smartchoiceinfusion.com

Ph: 818-659-8182

Fax: 818-659-8990

Date: \_\_\_\_\_ Treatment Location: \_\_\_\_\_

\*Please fax a copy of the following patient information: ☐ Demographics ☐ Insurance Information ☐ Current CBC & CMP  
☐ H & P Relevant to the Diagnosis ☐ Current Medications

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## PROVIDER INFORMATION

Printed Provider's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## SOLU-MEDROL IV (METHYL-PREDNISOLONE)

Date of Last Treatment, If Continuation:

**Dose:** \_\_\_\_\_

Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

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