OKLAHOMA INFUSION SERVICES

Port Flush Order Form

Please fax form to: 405-726-9849

Patient Information

Patient Name:	DOB:	Phone:	Gender: M ☐ F ☐
Patient Address:	Email:	Insurance:	

Additional Information Needed

☐ Fax front/back of insurance card ☐ Fax clinical/progress notes ☐ Fax labs
☐ Fax patient demographics ☐ Fax current medication list ☐ Fax TB and Hep B results

Diagnosis and Clinical Information

Diagnosis (ICD-10):

☐ Code: _____ Description: _____

Clinical Information:

☐ Patient Weight: _____ lbs / _____ kg ☐ Patient Height: _____ in / _____ cm
☐ Allergies: _____

Chest X-Ray Orders

☐ Last Chest X-Ray: Date: _____ Results: _____
☐ Chest X-Ray Orders to be performed by: ☐ Oklahoma Infusion Services ☐ Referring Provider

Port Flush Orders

☐ Order to access and de-access implanted port for lab draw, port flush, and/or medication administration. Prior to de-accessing port, flush with at least 10mL of NS and 500 units/5mL of Heparin.
☐ Other: _____

Pre-Medication Orders

☐ Cathflo Activase PRN ☐ No routine premedication necessary

Prescriber Information

Prescriber Name:		Office Contact Name:	
NPI #:	DEA #:	Contact Phone:	Contact Fax:

_____ _____

Prescriber's Signature: **Date:**

By signing this form, you are authorizing Oklahoma Infusion Services and its employees to act as your designated agent to interact with medical and prescription insurance companies for prior authorization and specialty pharmacy approval to render infusion services.

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