



Infusion for Health  
77 Rolling Oaks Drive, Suite 201  
Thousand Oaks, CA 91361  
Phone: 805-719-3700 Fax: 805-852-2636

### **IV ANTIBIOTICS ORDER**

***\*Please fax a copy of patient's demographics, insurance information, current lab results, H&P relevant to the diagnosis and list of current medications***

Date: \_\_\_/\_\_\_/\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Allergies: \_\_\_\_\_ Wt: \_\_\_\_\_ lbs / kg Ht: \_\_\_\_\_

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

DX CODES: ICD-10: \_\_\_\_\_

ANTIBIOTIC NAME AND DOSE: \_\_\_\_\_

FREQUENCY AND DURATION: \_\_\_\_\_

START DATE OF INFUSION: \_\_\_/\_\_\_/\_\_\_      END DATE OF INFUSION: \_\_\_/\_\_\_/\_\_\_

OTHER ORDERS OR SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Provider's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Office phone number: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office address: \_\_\_\_\_ Contact person: \_\_\_\_\_