

Patient Information and Physician Order Sheet

Memorial Outpatient Infusion Center

I.V.2

Patient Name: _____ **Patient DOB:** _____

(Please bring this sheet with you at time of service.)

Appointment Date: _____ **Arrival Time:** _____ **Procedure Time:** _____

Diagnosis (ICD Code Required): _____

Ordering Physician (Signature): _____

(Printed): _____

(Date): _____ (Time): _____

Procedure Scheduled: INFUSION CENTER – IV FLUIDS

Please check appropriate box:

- IV Fluids (4 – 8 hr.) Please Specify** _____
- Solumedrol Injection (2 ½ or 3 ½ hr.) Please Specify** _____
- Epogen/Infed (Day 1 or Day 2) Please Specify** _____
- IV Antibiotic (30 or 60 min., 2 or 3 hr., 3 ½ hr.) Specify** _____
- IV Antibiotic Elderly (30 min., 2 or 3 hr., 3 ½ hr.) Specify** _____
- IVIG**
- IM Injection**
- Epogen Injection**

Prep: No prep.

How to find us: **Free** valet parking is available for patients at the Main Entrance, or you may park in the Bartlett Street Parking Ramp (see map). When you arrive at Memorial, you must register for your procedure in Admitting, located in the Main Entrance area of the hospital to the rear of the Information Desk (see maps). If you have any questions, please ask the Main Entrance Information Desk. If you need assistance regarding scheduling, please call 647-7700.

647-7700

Memorial
Hospital of South Bend*
Quality of Life