

 <p>LEGACY HEALTH</p>	<p>Legacy Day Treatment Unit Provider's Orders</p> <p>Adult Ambulatory Infusion Order BLANK TEMPLATE</p>	<p>Patient Name: _____</p> <p>Date of Birth: _____</p> <p>Med. Rec. No (TVC MRN Only): _____</p>
<p>ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE</p>		

Anticipated Start Date: _____ **Patient to follow up with provider on date:** _____
*****This plan will expire after 365 days, unless otherwise specified below*****

Orders expire: _____

Weight: _____ kg **Height:** _____ cm

Allergies: _____

Diagnosis: _____ **Diagnosis Code:** _____

GUIDELINES FOR PRESCRIBING:

1. Send **FACE SHEET, INSURANCE CARD** and most recent provider chart or progress note.

LABS TO BE DRAWN (orders must be placed in Legacy or TVC Epic by ordering provider if Legacy or TVC provider):

- Basic Metabolic Set, Routine, every _____(visit)(days)(weeks)(months) - **Circle one**
- Comprehensive Metabolic Set, Routine, every _____(visit)(days)(weeks)(months) - **Circle one**
- CBC with differential, Routine, every _____(visit)(days)(weeks)(months) - **Circle one**
- Other: _____

LINE CARE ORDERS:

- Nursing communication order, every visit: Manage line per LH policy 904.4007 IV Catheter Insertion (Peripheral) and LH 904.4004 IV Access: Central Catheters.

PRE-MEDICATIONS:

- _____
- _____
- _____

MEDICATIONS:

- _____
- _____
- _____



**Legacy Day Treatment Unit
Provider's Orders**

Adult Ambulatory Infusion Order
BLANK TEMPLATE

Patient Name:
Date of Birth:
Med. Rec. No (TVC MRN Only):

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE

PRN-MEDICATIONS:

- _____
- _____
- _____

IV FLUIDS:

- NaCl 0.9% _____ mL IV over _____ minutes
- Other: _____

Frequency of visits: _____

Please check the appropriate box for the patient's preferred clinic location:

- | | |
|---|---|
| <input type="checkbox"/> Legacy Day Treatment Unit –
The Vancouver Clinic Building
<i>A department of Salmon Creek Medical Center</i>
700 NE 87 th Avenue, Suite 360
Vancouver, WA 98664
Phone number: 360-896-7070
Fax number: 360-487-5773 | <input type="checkbox"/> Legacy Emanuel Day Treatment Unit
<i>A department of Emanuel Medical Center</i>
501 N Graham Street, Suite 540
Portland, OR 97227
Phone number: 503-413-4608
Fax number: 503-413-4887 |
| <input type="checkbox"/> Legacy Salmon Creek Day Treatment Unit
Legacy Salmon Creek Medical Center
2121 NE 139 th Street, Suite 110
Vancouver, WA 98686
Phone number: 360-487-1750
Fax number: 360-487-5773 | <input type="checkbox"/> Legacy STEPS Clinic
<i>A department of Silverton Medical Center</i>
Legacy Woodburn Health Center
1475 Mt Hood Ave
Woodburn, OR 97071
Phone number: 503-982-1280
Fax number: 503-225-8723 |

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

Organization/Department: _____