Dartmouth Health Alice Peck Day Memorial Hospital Infusion Medicine **Methylprednisolone Injection Orders**	MRN: NAME: DOB: Two identifiers needed or Patient Label

Please fax the completed Therapy Plan, signed by the provider, along with patient demographics, insurance information, patient summary, and last visit note to 603-442-5195.

Patient's Full Name: _____

Birthdate: _____ Phone Number: _____

Address: _____

ICD10 diagnosis related to this treatment: _____

Requested treatment start date: _____

☐ Referral to Alice Peck Day Memorial Hospital (APD) MEDICAL INFUSION

Scheduled Medications

☐ Methylprednisolone sodium succinate (pf) (SOLU-Medrol) (1,000 mg/8 mL) injection 1,000 mg (1g), Intravenous, ONCE, 1 dose; dilute in 100 mL of D5W or 0.9% sodium chloride (NS) for administration over 30 minutes.

Comments:

_____

_____

_____

Provider Name (printed)

_____

Provider Signature:

Order Date: _____ Time Order Signed: _____

Clinic name: _____

Office phone number: _____