

Patient Demographics

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Social Security Number
_____ Date of Birth	_____ Phone Number	_____ Insurance Provider	_____ ID Number

Provider Information

_____ Referring Provider Name	_____ Phone Number	_____ Practice Contact (Name)
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Clinical Information

_____ Diagnosis	_____ ICD-10 code	Allergies: _____
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Prescriber's Orders: orders expire after 12 months

<input type="checkbox"/>	Caffeine Na Benzoate , 500mg, Intravenously over 30 minutes, Once
<input type="checkbox"/>	Dexamethasone (DECADRON) _____ mg, Intravenously over 15 minutes, Once
<input type="checkbox"/>	Diphenhydramine (BENADRYL) _____ mg, Intravenously over 15 minutes, Once
<input type="checkbox"/>	Eptinezumab (VYEPTI) , 100mg, Intravenously over 30 minutes, Every 3 months, for _____ treatments
<input type="checkbox"/>	Ketorolac (TORADOL) _____ mg, Intravenous push over 15 seconds, Once
	OR
<input type="checkbox"/>	Ketorolac (TORADOL) _____ mg, Intramuscularly, Once
<input type="checkbox"/>	Magnesium Sulfate _____ mg, Intravenous at 1000 mg/hr, Once
<input type="checkbox"/>	Methocarbamol (ROBAXIN) _____ mg, Intravenous over 45 minutes, Once
<input type="checkbox"/>	Methylprednisolone (SOLU-MEDROL) 125 mg, Intravenously over 15 minutes, Once
<input type="checkbox"/>	Prochlorperazine (COMPAZINE) 10 mg, Intravenously at 5 mg/min, Once
<input type="checkbox"/>	Sodium Chloride 0.9% (NS) _____ mL, Intravenously at 500 mL/hr, Once
<input type="checkbox"/>	Valproic Acid (DEPACon) _____ mg, Intravenously over 60 minutes, Once

Additional Order Comments:	
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_____ Physician Signature	_____ Printed name	_____ Date/time
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In order to refer a patient to one of the Baptist Infusion Centers, please send the following information:

- Patient's complete demographics, including insurance information
 - A copy of the patient's diagnosis with the appropriate ICD-10 diagnosis code, preferably in the provider's note
 - A copy of the most recent labs and the most recent provider's progress note
 - A copy of the Baptist Cancer Center order sheet with the correct drug selected and the order signed, dated, and timed
- We will not proceed with prior authorization or scheduling the patient for treatment until all information requested is provided
 - Please ensure that we have a valid contact name and number should we need to call for additional information or to clarify orders
 - Please note that orders are only valid for 12 months. After that time, new orders and new documentation must be provided.

Thank you for allowing Baptist Cancer Center to care for your patients.