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 MEDRXINFUSION.COM

Date Medication Needed: _____

Ship to: Patient Prescriber Other: _____

Parenteral Nutrition for Home Infusion Therapy

This referral form is provided in order to best serve our patients and prescribers. Patients may choose any pharmacy of their choice.

Complete patient demographics below or otherwise provide the information requested along with this referral form. Also needed: 1) Patient insurance information (front and back of card) 2) History and physical, chart notes, recent baseline laboratory results and other diagnostic tests needed to support the use of this medication 3) patient's medication history related to their current diagnosis/problem.

Patient name: _____ Date of birth: _____ height: _____

Address: _____ Weight history: _____

Phone number(s): _____ Allergies/Intolerances: _____ No known allergies

Treatment Diagnosis/Problem(s): _____ Diabetes? Yes / No Heart Disease? Yes / No

Expected duration of therapy: _____ Patient is NPO? Yes / No

Prescriber name: _____ Contact person: _____

Office Address: _____

Phone number: _____ Fax number: _____ NPI number: _____

It is suggested that you contact the MedRx Clinical Pharmacist to discuss this patient's treatment plan. The patient should have an existing central venous catheter for this type of infusion.

- Parenteral Nutrition per MedRx Clinical Pharmacist, including formula and adjustments, and clinical lab tests.
- Follow the Parenteral Nutrition orders from the discharging hospital (continue same formula at home), but the MedRx Clinical Pharmacist may adjust the formula based upon the patient's clinical response and laboratory results.
- I am providing a formula that I want the patient to have. I will order all laboratory tests to monitor this therapy.

List any adjunct medications or therapies that will need to be provided by the parenteral route while the patient is on parenteral nutrition:

Patient has an existing intravenous access device (catheter type) _____ date placed _____ and will require Home Health to maintain the intravenous catheter and MedRx to provide supplies needed including NaCl 0.9% flush and Heparin 100units/ml flush per nursing and pharmacy protocol.

The Home Health Nurse will teach the patient/caregiver to manage the therapy, which may include management and flushing the intravenous catheter, administration of the medication, working and trouble-shooting the infusion pump, draw blood for laboratory work and follow skilled nursing procedures for home care patient safety and comfort. If the patient is not homebound, the nurse will teach the patient to manage his/her therapy to the extent possible.

I will receive exact prescription information for this patient based upon the pharmacist's assessment and my orders for my patient's clinical needs. I will sign and return those prescriptions as presented, as the prescriber.

Physicians Signature: _____ Date: _____

IMPORTANT NOTICE: This form may contain confidential and privileged information and is only intended only for the person named herein. If you are not the named addressee, do not disseminate, distribute or copy this form or any of its contents. Please notify the sender immediately if you have received this document by mistake, then destroy this form.