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600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
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Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
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Copper Chloride Order Form

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Rx: ***Copper will be infused in an appropriate amount of solution and over appropriate rates based on volume, protocols, and product availability.***

☐ **Standard regimen:** Copper Chloride 2 mg IV daily for 5 doses

☐ **Custom regimen:** Copper Chloride IV

Dose: ☐ 1 mg ☐ 2 mg ☐ 4 mg ☐ Other: _____

Frequency: ☐ 1 dose ☐ Weekly ☐ Monthly ☐ Other: _____

Duration: ☐ Once ☐ 6 months ☐ 1 year ☐ Other: _____

Total number of doses: _____

Labs (include frequency): _____

Please note: follow-up copper labs should be completed ≥ 4 weeks following last dose to evaluate full effect of repletion.

Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port

Prescriber Printed Name:_____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____