

Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629



Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Depacon® (Valproic Acid) Infusion Order Form
Epic Referral: REF115204

Patient Name: _____ **DOB:** _____

Address: _____

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

Rx:

- Depacon 500 mg added to 100 mL 0.9% NaCl IV infusion over 10 minutes
- Depacon 1000 mg added to 100 mL 0.9% NaCl IV infusion over 30 minutes

Frequency:

- Daily x 3 doses
- Other frequency: _____ x _____ doses

If patient is female, of child bearing age, and no history of hysterectomy, urine pregnancy test will be performed on day 1 of treatment before medication is given.

Comments:

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:** _____