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
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IV Diuretic (Lasix/Bumex) for CHF Use Order Form

Epic referral: REF115236

Patient Name: _____ **DOB:** _____

Address: _____ **Phone:** _____

ICD-10 Diagnosis Codes:

- □ I50.22 Chronic systolic heart failure
- □ I50.32 Chronic diastolic heart failure
- □ I50.33 Acute on chronic diastolic heart failure
- □ I50.42 Chronic combined systolic and diastolic heart failure
- □ Other: _____

Rx (check one):

☐ Furosemide IV
- ☐ 10 mg
- ☐ 20 mg
- ☐ 40 mg
- ☐ 60 mg
- ☐ 80 mg
- ☐ Other: _____

☐ Bumetanide IV
- ☐ 1 mg
- ☐ 2 mg
- ☐ Other: _____

Frequency: ☐ Daily ☐ Twice per week ☐ Weekly ☐ Other: _____

Total number of doses: _____

Labs (include frequency): _____

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

Prescriber Printed Name:_____

Prescriber Full Address: _____

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

Prescriber Signature: _____ **Date:** _____