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

IV Diuretic Order Form

Epic referral: REF115236

Patient Name: _____ **DOB:** _____

Address: _____

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

Rx:

☐ **Furosemide IV** ☐ 10 mg ☐ 20 mg ☐ 40 mg ☐ 60 mg ☐ 80 mg ☐ Other: _____	☐ **Bumetanide IV** ☐ 1 mg ☐ 2 mg ☐ Other: _____

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

☐ PRN (must include frequency/parameters) _____

Order duration: ☐ Once ☐ 1 month ☐ 3 months ☐ 6 months ☐ Other: _____

Labs (include frequency): _____

Order comments: _____

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:** _____